

CRC SUBMISSION TO THE HOUSE STANDING COMMITTEE ON SOCIAL POLICY AND LEGAL AFFAIRS

FAMILY, DOMESTIC AND SEXUAL VIOLENCE

PREPARED BY MINDY SOTIRI FOR CRC

WITH MARISA MOLITERNO

KELLY PARKER

GAIL GRAY



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CONTACT DETAILS				
Title □ Mr □ Ms □ Mrs ⊠ Dr □ None □ Other (plea	ase specify):			
Mindy Sotiri With contributions from CRC Miranda Staff Marisa Moliterno Kelly Parker Gail Gray				
Phone number: 0401940340 Email address: mindy.sotiri@crcnsw.org.au				
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a. Immediate and long-term measures to prevent violence against women and their children, and improve gender equality.		
b. Best practice and lessons learnt from international experience, ranging from prevention to early intervention and response, that could be considered in an Australian context.	\boxtimes	
c. The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non-government and community organisations, and business.		
d. The way that health, housing, access to services including legal services, and women's economic independence impact on the ability of women to escape domestic violence.		
e. All forms of violence against women, including, but not limited to, coercive control and technology-facilitated abuse.		
f. The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence and how to overcome limitations in the collection of nationally consistent and timely qualitative and quantitative data including, but not limited to, court, police, hospitalisation and housing.		
g. The efficacy of perpetrator intervention programs and support services for men to help them change their behaviour.		
 h. The experiences of all women, including Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse women, LGBTQI women, women with a disability, and women on temporary visas. 		
 The impact of natural disasters and other significant events such as COVID-19, including health requirements such as staying at home, on the prevalence of domestic violence and provision of support services. 		
j. The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time.		
k. An audit of previous parliamentary reviews focused on domestic and family violence.		
I. Any other related matters.	\boxtimes	



WOMEN AT RISK OF FAMILY AND DOMESTIC VIOLENCE AND THE CRIMINAL JUSTICE SYSTEM

Thank you so much for the opportunity to provide information to this important inquiry. The focus of this submission is on women who are at risk of domestic and family violence and and are *also* at risk of criminal justice system involvement. There is important emerging work in this space both in terms of research and practice, exploring the intersection between the justice system, and the experience of gendered violence for women. It is our hope that future planning incorporates the experiences and voices of women who are often imprisoned as a *consequence* of their multiple and complex disadvantage, including their experience as victim/survivors of gendered violence.

This submission is based on our experience as a non-government organisation service provider working specifically with women who have experienced domestic and family violence as well as imprisonment.

We are keen to highlight the way in which criminalised populations are frequently excluded from services in the community, and the way in which women with complex needs and long histories of trauma end up being 'managed' in criminal justice system settings, rather than being supported in the community. This is especially the case for Aboriginal and Torres Strait Islander women. We also welcome the opportunity to share our expertise with regard to what we have found to work in order to assist women to build pathways out of the justice system, and away from violence.

INTRODUCTION TO THE COMMUNITY RESTORATIVE CENTRE

The Community Restorative Centre is the lead NGO in NSW providing specialist support to people affected by the criminal justice system, with a particular emphasis on the provision of post-release and reintegration programs for people with multiple and complex needs on release from custody. CRC has almost 70 years specialist experience in this area. All CRC programs aim to reduce recidivism, break entrenched cycles of criminal justice system involvement, and build pathways out of the criminal justice system. CRC works holistically to do this, addressing issues such as homelessness, drug and alcohol use, social isolation, physical and mental health, disability, employment, education, family relationships, financial hardship and histories of trauma.

All CRC services utilise a human rights framework which recognise the inherent value of all people and aim to create genuine opportunities for people affected negatively by the criminal justice system; People leaving prison and their families have the right to be treated fairly and have the ability to make genuine choices about building pathways *out* of the criminal justice system and into the community.

THE MIRANDA PROJECT



The Miranda Project has been operating at CRC since 2017. It is an innovative, gender specific approach to supporting vulnerable women at risk of both domestic and family violence *and* criminal justice system involvement.

Miranda is co-located with Penrith Women's Health Centre and provides gender specific, specialist support to women who have frequently spent their lives being 'managed' in the criminal justice system, rather than being supported in the community. Many women Miranda works with return from prison to violent situations, because they don't have any other options after release.

The Miranda Project is an attempt to disrupt this cycle. Miranda Project workers support women with a range of issues including; social and emotional wellbeing, physical and mental health, child and family contact, legal needs, staying safe, and sourcing accommodation. Miranda achieves this via individual holistic case-management, outreach support in the community, in-reach into the prisons, and a range of social, recreational and educational group activities in a safe women only drop-in space. Miranda offers a vital safe social engagement space, alongside practical support, skill development, and connection with other key services. The Miranda Project is run by women for women, and works to empower women to live lives that are free from the criminal justice system and free from violence.

The most recent independent evaluation of Miranda found:

In 2018/2019, of the 71 women supported via Miranda case-management, only 5 (or 7%) returned to custody. The majority of the women supported by Miranda were either in violent situations, at risk of returning to violent situations, or looking to leave violent situations. Early indications from the independent evaluation of this program are that 90% of women who have connected with Miranda, have become significantly safer as a consequence.

250 women have participated on the Miranda project since 2017

- 90 of these women have participated in long term intensive case work
- 100% of Miranda Project clients are at risk of criminal justice system involvement and at risk of domestic and/or family violence.
- 86% of women who have engaged with Miranda have remained in the community
- 14% have returned to custody
- 62% have increased housing stability
- 62% have increased safety (from domestic and family violence)
- 49% have increased financial well-being
- 46% have improved compliance with community orders
- 41% of all Miranda clients to date identify as Aboriginal 11% identify as being from a cultural and/or linguistically diverse community
- 63% of clients identify as having a mental illness
- 60% of Miranda clients are mothers, with clients collectively reporting a total of 156 children.

The women connected with Miranda are often facing a choice between homelessness, returning to violence, and returning to prison. While the Miranda project supports women



with their immediate crisis, thus averting street-homelessness, re-imprisonment, and returning to violence, the longer-term impact of the project in terms of breaking the cycle of intergenerational violence and imprisonment is even more significant. 70% of the women connected with Miranda also have children. 42% of the women receiving support are Aboriginal. Miranda provides women the possibility of reconnecting with children, and keeping families safe. Children of imprisoned parents are some of the most vulnerable in our community, and many of the children of the clients of Miranda have been, or are, at risk of serious harm.

The Miranda Project also supports women attending court, on community orders, and exiting prison. It is both a diversionary option (and can be considered under sections 11 and 12 of the Crimes (Sentencing Procedure) Act 1999, *and* a response to over-incarceration. Working on both sides of prison walls, Miranda employs two full-time Aboriginal specialist workers, and one part time manager, and provides holistic support including: casework, advocacy, group activities, access to victims counselling and connections with other key services. At the heart of Miranda is the ambition to support women live lives free from the criminal justice system, and free from domestic and family violence. Miranda aims to halt the increase in the women's prison population through the provision of genuine support and the development of alternative pathways within the community. Miranda is co-located with Penrith Women's Health Centre and so facilitates connection with mainstream health services, offers a community hub, and also provides specialist support.

THE BIGGER PICTURE: A SNAPSHOT OF WOMEN IN PRISON IN NSW.

The most recent Justice Health and Forensic Mental Health Network Patient Survey found that 71% of women in prison reported having experienced an abusive relationship. There is national research conducted by ANROWS however, suggesting that the numbers of imprisoned Aboriginal and Torres Strait Islander women who have experienced family and domestic violence is closer to 90%.

40% of women in the NSW study noted that they had been involved in more than one violent relationship. However, the experience of violence is only one part of a complex demographic picture. 72% of women in prison in NSW have been in prison before. 77% have a diagnosed mental health condition. 15% have some form of cognitive impairment. 70% have experienced at least one traumatic event and the majority have experienced a problematic relationship with drugs and alcohol, often as a consequence of the experience of trauma. 61% of women in prison are parents of children under the age of 18. 1/3 of women leaving prison are released into homelessness.

The recent report by the Keeping Women Out of Prison Coalition (KWOOP) co-authored by the author of this submission noted;

"Service providers have noted that women are frequently excluded from mainstream services because they have a criminal record. For instance, many mainstream domestic violence services will not work with women on release from prison, especially if they have any history of violence. Similarly, many drug and alcohol services exclude women with criminal records and/or who have been imprisoned. Services often have internal policies



that preclude acceptance of more than one person on release from custody at any one time and use different risk assessment forms for people coming out of prison. There is significant misunderstanding and fear in some parts of the community sector that results in further social exclusion of vulnerable populations leaving prison. Coordinated action to reduce this discrimination and remove these restrictions by mainstream services should be a priority.

The very nature of imprisonment means that women do not typically have the capacity to connect with services that could be life-changing (if not life-saving) at the time that they most require them. The punitive nature of imprisonment and the absence of connection with the outside world, including in the lead up to release, can mean that even when women want and are ready to make changes in their lives, they do not have the means or the support required to do this.

Given the complexity of factors that contribute to women becoming involved in the correctional system and the fact that many of these factors are potentially ameliorable through appropriate community-based services, a multi-stakeholder and whole of government response is called for, going beyond the criminal justice system. Effective support to address mental health issues, drug and alcohol misuse, trauma and abuse, domestic violence, poverty and homelessness requires joined-up responses from across the government and non-government service spectrum."

HOUSING SERVICES AND SUPPORT SERVICES FOR WOMEN LEAVING PRISON AT RISK OF DOMESTIC VIOLENCE

The issues for housing and homelesness for women who are also at risk of domestic and family violence requires particular attention. This should be viewed in the context of the significant issue of homelessness for people leaving custody more generally. Between October 2018 and September 2019, 19,680 men and women were released from prisons in NSW.

The Australian Institute of Health and Welfare notes that <u>more than half of all people</u> leaving Australian prisons expect to be homeless.

NSW Justice Health data notes (slightly more conservatively) that <u>9.7% of people in prison</u> identified they had no fixed address or were in unsettled lodgings in the six months prior to their incarceration. A further 15% reported that they had unstable accommodation, moving multiple times in the six months before they came to prison.

If we use the most conservative estimates, it is clear that each year, at *least* 4000 people leave prison into either homelessness or unstable accommodation. *In NSW there are only 38 specialist beds for people leaving prison who are homeless*. Only 9 of these beds are for women. The Community Restorative Centre works with between 400 and 500 people each year leaving prison. Homelessness and housing instability is the single most significant concern for the men and women we work with. It is also a significant driver of recidivism. The current failures of the service sector to meet the needs of people leaving custody into homelessess is a significant contributor to the difficulties women leaving prison face with reagrd to also trying to escape violence.





THE EXISTING SERVICE SECTOR FOR PEOPLE LEAVING PRISON IN NSW

- Over the last 12 months close to 20,000 people were released from NSW Correctional Centres.
- 41% of this population will re-offend within a year.
- AIHW data notes that more than 50% of people leaving prison in Australia expect to be homeless
- More than 70% of people locked up in NSW prisons have been there before.
- NSW Health data shows us that 9.6% of people in prison were in primary homelessness six months prior to incarceration and 24.6% of people in prison either have no fixed address *or* had moved twice or more in the six months prior to incarceration
- Imprisonment increases the likelihood of homelessness
- It is a conservative estimate to observe that there are at *least* 4000 people released each year from prison in NSW each year with nowhere stable to live.

At last count, in the community sector in NSW there were only 38 specialist beds across the sector for people leaving prison. Only 9 of these beds were for women. Most of these are short term (less than 12 weeks) crisis beds.

WOMEN LEAVING PRISON

- 2,720 women were released from prison in the 12 months October 2018-September 2019
- There are 8 specialist women's services, and 7 non-gender specific services in NSW supporting women leaving prison. However, because of limited capacity, each year, only 615 women are able to access a service. Within these services there are only 9 specific beds for women escaping violence.
- This means over 70% of women or 2,105 women leaving prison *do not have any specialist community based support.*

For women leaving prison who are also at risk of domestic violence, homelessness is made more complex by the following key factors:

- Inability to access 'Start Safely' because of strict eligibility criteria that precludes many women in prison
- Women in prison are almost never able to access women's refuges and shelters straight from prison
- Women with criminal records are frequently automatically excluded from services that house and support women escaping violence.
- Women often have criminal records as a consequence of their resistance to violence. This is very rarely acknowledged, and exclusion from services as a consequence of this, compounds the sense of isolation this group often face.
- Women leaving prison have high levels of mistrust in services as a consequence of previous exclusion, lack of access, or poor treatment.
- Women leaving prison are frequently unable to meet the unrealistic expectations that are frequently placed on women and children in temporary accommodation



- The impacts of the trauma of prison, and the challenges of leaving prison can make daily decision making and living difficult, and the complexity of dealing with bureaucracies can frequently be over-whelming.
- There is a lack of suitable refuge accommodation and transitional and temporary housing in the community for women leaving prison, particularly a lack of self-contained units within refuges.
- Many women CRC works with require self-contained units to support healing, and struggle in the shared environment of some shared facilities.
- Many Aboriginal women working with CRC report that housing and support services for women escaping DV are not culturally sensitive, aware or supportive.

VIOLENCE AND VICTIMISATION

The women that CRC works with experience many of the same impacts of violence and victimisation as other women, but their experience is also compounded by the following interwoven factors as a consequence of their contact with the justice system:

- the stigma of criminalisation (and overt discrimination as a consequence of this)
- the way in which social responders including police respond (or don't) to this cohort of women
- the negative consequences of incarceration on health, well-being and access to programs and support
- the negative consequences of incarceration in terms of excluding women from other community based supports
- the way in which the presentation of resistance to violence can lead to both criminalisation and situations of further victimisation and trauma.

As noted above, women impacted by the criminal justice system have incredibly high rates of victimisation. ANROWS noted recently that the experience of intimate partner violence amongst women in prison is 85%. Women impacted by the criminal justice system not only have reported intimate partner violence but often also victimisation in childhood and often either primary and secondary victimisation of domestic violence.

The women we work with at CRC often get trapped in cycles of imprisonment and victimisation which then exacerbate earlier traumas. Often their victimisation has led either directly or indirectly to their incarceration and /or involvement with the criminal justice system.

This can be a direct link in terms of the following factors:

- women are forced and coerced into committing crimes by their partners/ family who use violence against them,
- women are coerced or forced to take blame for acts of crime which they are innocent
- women are "set up" by perpetrators. This includes the 57% of women who are have AVO's taken out against them, who are in fact victims of family and domestic violence (however the courts and legal processes have been used against them)
- We have known women who have believed their only way out of extreme violence and victimisation was to commit a crime that would draw immediate attention of the police in order to be arrested and have a "safe" avenue out of the relationship.



Indirect links to incarceration are predominantly associated with victim's resistance and responses to violence. Women resist and respond to violence in various ways including:

- use of substances to manage the trauma and symptomology associated with the violence they have endured which can then lead to involvement with criminal justice system
- trauma presentations in terms of impacts on mental health which can lead to involvement with the criminal justice system
- being homeless as a result of the victimisation which then can lead to risk taking behaviours to have needs meet resulting in involvement with criminal justice system
- physically fighting back abusers and then being charged with offences related to that action such as assault, grievous bodily harm and as stated above having AVO's placed upon them or cross over AVO's placed between them. As such as being labelled as perpetrators and in essence being punished for being a victim.
- escaping or fighting back in their minds causing additional mental ill health and wellbeing concerns.

The prison system creates further trauma, disadvantage, and difficulty for women seeking to escape violence. The key areas in which imprisonment compounds trauma and disadvantage include:

- Mental health and wellbeing. The frequently de-humanising and brutal experience of imprisonment impacts on all areas of health, well-being and dignity for all women.
- Ongoing contact violations compound trauma including the regular processes within prisons such as strip searches, property searches, being physically placed in cells or in solitary, and having a constant lack of privacy
- The general stress and pressures and hypervigilance of being in custody combined with the lack of adequate service and supports
- Lack of housing options (as discussed in detail above). Some women will choose to return to violence after prison as this is their only option when it comes to securing an address for either parole or bail.
- The absence of financial independence and access to employment that is a central feature of imprisonment.
- The lack of access to services while in prison and the stigma and discrimination faced by women from prison attempting to access services in the community.
- Extremely limited specialist services for women trying to leave FDV who also have criminal justice involvement.
- The implications in terms of loss of contact with children, involvement of children in child protection systems (especially for Aboriginal women) and maintaining contact with children and trying to keep children safe while in custody are consistently difficult issues for women in prison.
- Some women who may not identify as same sex attracted may engage in same sex relationships in custody and experience domestic violence in custody however are not eligible for free services such as Victims Services counselling as the crime occurred whilst incarcerated. There are additional elements to consider in use of violence in same sex relationships outside of the cis heteronormative relationships.



THE NEED FOR LONG TERM HEALING

The impact of violence on women extends beyond the immediate moment of violence. Too often there is a view that once a victim has left the person/s that used violence against them, that they will be safe and the healing will begin. However, for the women we work with, we can see that impacts of violence are long lasting and multifaceted and often will continue to have an impact throughout the remainder of their lifespan. Many women we work with note that they don't 'get over' violence and victiminsation, they just learn to live with it differently. Long term impacts to dental health, physical health, mental health and wellbeing, parenting, relationships and intimacy frequently require ongoing support. This is then compounded by the multiple layers of victimisation. Early childhood trauma leads to increased risk of further trauma and victimisation which leads to resistance responses to violence which places individuals at greater risk again of further violence, thus perpetuating the cycle. There is a need for long term healing and support for women with multiple and complex disadvantage.

INCREASED RESILIENCE AND ENDURANCE OF VIOLENCE.

The threshold of what is considered acceptable levels of violence can be quite different in incarcerated populations compared to the general community. The "good enough" or "better than" comparisons mask and minimise the level of violence that can be occurring. Many of the women we work with believe that "its not really violence unless you end up injured. " Even though they do not like violence occurring, the violence has often been condoned by social responders in their lives. The women we work with have often been blamed for the violence they have endured. Similarly, perceived protection of others including children, perpetrator, relationships, and holding on to hopes and dreams can enable the violence to continue. This can often include looking for "reasons for violence" (stress, mental health, they care too much, its just the substances, its just the way it is etc) rather than being aware that there is a choice to leave or walk away from violence.

ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN

The over-representation of First Nations women in prison, and the further overrepresentation of First Nations women who have experienced violence requires a specific, response and approach. The key issues we have observed that are regularly faced by this population include:

- Histories of systemic racism and associated legitimate mistrust in authorities and services mean that First Nations women often do not seek support from police and other services. Often women who have reported accessing authorities and services have been further victimised due to their own criminal background, current orders and other factors in their life such as substance use, reputation and blatant racism. We have worked with many women who have called the police for assistance during domestic violence, only to be arrested as a consequence of outstanding warrants.
- The history of colonisation and the impact of the stolen generations means that there is significant and long-standing intergenerational trauma. This has significant impacts on mental health, substance use and violence. This is an inherited burden and the result of generations of trauma.



- Violence in some communities is prevalent and considered a normal part of life to be endured, managed and survived. There is enormous reticence to 'dog' to authorities or services about this violence.
- Protection of others. There is a genuine fear and belief that speaking out about violence, or engaging authorities to respond could be catastrophic for loved ones. Many women we work with do not want their loved ones imprisoned for violence, or in contact with the police for violence (or at all) because they do not want them to be harmed by what is broadly understood to be a racist, unsafe and dangerous system where many First Nations people die at the hands of police and custodial staff. This is not an abstract fear. This is the reality for most First Nations people we work with.
- First Nations clients of CRC also note that when partners go to prison, they are often futher impoverished, and at risk of homelessness. There is also sometimes a fear of victimisation by the perpetrators family. Many women fear having to repay debt, and also fear police involvement and increased risk of child-removal, if they are raising children on their own in poverty while their partner is incarcerated.
- Often women have endured violence for so long that they know how best to keep themselves and their children as safe as possible, and this is a perceived better alternative to seeking supports or engaging authorities when such engagement is viewed as coming with such significant risks.
- There is enormous resilience amongst First Nations women which can exacerbate trauma, as their levels of resistance to withstand the violence they endure can mean that they will remain in it longer.

COVID-19 AND WORKING WITH WOMEN AT RISK OF FDV

For clients of CRC COVID significantly impacted service delivery. Access to clients in custody became quite limited and groups in custody were no longer able to be facilitated. Many women were released earlier than initially anticipated into the unknown dynamic of COVID restrictions and there were multiple barriers for for accessing services and supports resulting in an increase of general enquiry calls particularly during early stages of COVID restrictions.

For women in the community, isolation stemming from COVID was heightened by the lack of Hub based supports, social and recreational programs and face to face contact. Limitations of access to technology, the cost of technology and barriers inherent with technological communication meant a significant struggle for the majority of the women CRC supports, and resulted in higher rates of islation, and higher risk of DFV.

There was less contact with others, which also meant that there was less accountability for those who use violence as there was more chance for the violence being covered up and hidden.



Some women struggled with understanding COVID and accepting related restrictions. In these cases, staff acted in an educator capacity to support women's understanding and safety. This was particularly evident as many Miranda clients fell in the high-risk categories due to other health conditions and identifying as Aboriginal and/or Torres Strait Islander.

They are also high risk of contact with police which also put them at greater risk of fines and further contact with the criminal justice system which meant the possibility of further victimisation and trauma and the perpetuation the cycles of violence, victimisation and trauma.

The overall change in the service landscape meant that women struggled to have their needs met and required additional supports to manage day to day life. Similarly, staff had significant challenges in relation to referral options, avenues of support for women and complications with direct case work particularly when direct face to face contact with clients could not occur.

We have noted an increase in risk and victimisation of the women and children the Miranda Project supports during COVID-19. Some women reported placing themselves at risk of violence and victimisation while ensuring the safety and wellbeing of their children, particularly in situations where their children are temporarily not in their care with the children's return dependent on secure and stable housing.

WHAT MORE IS NEEDED

The success of the last three years of the Miranda Project at CRC replicates the successes of the Women's Justice Centres in the UK, which formed the inspiration for the Miranda Project. These centres are widely acknowledged as driving a reduction in the women's prison population across the UK. The Miranda Project is a highly scalable model, which we believe could have a substantial impact on reducing the women's prison population across NSW.

Our vision is for a network of specialist Miranda workers, embedded within existing women's services, managed by CRC ensuring the principles of the model are maintained in different environments. Service activities support women to build pathways out of the criminal justice system and away from violence. These activities are supportive, trauma-informed and targeted to assist reintegration commencing prior to release and continuing during the high-risk post-release period and beyond. Increasing the understanding and acceptance of women in the CJS among the network of women's services is key to the model.

The network of services would offer gender-specific community alternatives to custody. The network would be responsive to the variation in needs of women and gaps in services across the state

A NETWORK OF SITES

Priority should be given to areas where there is a concentration of Aboriginal and Torres Strait Isalnder women, now the fastest growing group of women within the prison system.



Sites proposed include those with current partnership agreements with the Miranda Project. New partnerships would be established with others. There are nine sites: Womens Justice Network*,Lou's Place* (inner city Sydney), Miranda Hub at Penrith Women's Health Centre*, Blacktown Women and Girls' Health Centre, WILMA Women's Health Centre (Campbelltown), Central West Women's Health Centre* (Bathurst), Central Coast Community Women's Health Centre (Wyoming, Wyong and Woy Woy), Baabayn Aboriginal Corporation* (Mt Druitt), service to be identified (Broken Hill), Rosa Coordinated Community Care Shoalhaven Women's Resource Centre (Nowra).

Since its inception Miranda has supported more than 250 women utilising a combination of intensive case management, information and education, and a range of support groups both inside and outside of custody. 72% of women in NSW prisons have been to prison before. 40% of women on release from prison re-offend within the first 12 months of release.

The women that participate on the Miranda project have frequently become accustomed to being 'managed' in criminal justice system settings, *rather* than being supported in the community. Miranda is successfully breaking both entrenched cycles of disadvantage, and entrenched cycles of criminal justice system diversion.

ADDITIONAL RECOMMENDATIONS FOR CHANGE

- There need to be housing and support options specifically available for women leaving prison and at risk of FDV. These options should allow a degree of independence and privacy.
- There is the need for many more diversionary options for women, and avenues for women to remain in the community to reduce the further victimisation ad trauma
- There is a need for holistic trauma informed consistent care rather than imprisonment
- Service and legal responses should be developed to support the specific needs of this cohort (including systemic and cultural change in these services) as most mainstream domestic violence services exclude women leaving prison.
- There is the need for culturally appropriate responses for First Nations women that run at the core of service delivery not tokenistic addition. (for example, the Kungas program)
- There is the need for greater access to services and programs for men including culturally specific programs.
- There is the need for greater access of services for LGBTIQ community around violence as this is extremely rare.

PRINCIPLES FOR SUPPORT FOR WOMEN LEAVING CUSTODY AT RISK OF VIOLENCE

All CRC programs work to implement the following best practice principles when working with vulnerable populations on release from custody. These principles are based both on our own research, and on the international literature exploring best practice in reintegration for people leaving prison. For a detailed unpacking on these principles, please refer to the



authors Churchill Fellowship report online here.

https://www.churchilltrust.com.au/fellows/detail/4075/Mindy+Sotiri

- 1. **Reintegration framed outside of the lens of rehabilitation**. There is a need to create and facilitate pathways for people leaving prison that are not explicitly focused on addressing offending behaviour, but rather focused on the creation of an identity outside of the criminal justice system.
- 2. Service delivery incorporating systemic advocacy. Service delivery must include a significant advocacy component that addresses structural barriers for individuals (such as access to housing, employment, education, health and social security benefits), and advocates systemically for change when this is required (for instance in the case of discriminatory employment practices).
- 3. **Pre-release engagement**. Meeting and working with people prior to release is necessary with respect to building the engagement necessary to sustain the casework relationship, building trust between someone in prison and the community organisation on the outside, and practically planning for re-entry into the community with complex needs populations.
- 4. **Holistic, relational and long-term casework models**. People with long histories of trauma in combination with the "referral fatigue" experienced by this group, require long-term support in order to build engagement and trust. Long-term support also allows people the opportunity to develop the skills required to navigate frequently hostile or unwieldy service systems.
- 5. **Community based outreach**. Services that work with people with long histories of criminal justice system involvement need to operate outside of the criminal justice system, and in the communities in which people are living.
- 6. **Housing first approaches** (and in some jurisdictions, employment first approaches). Support must be concrete. Most people require a solid base from which they can try and make the changes required to stay out of prison.
- 7. **Genuine collaboration and work with people with lived experience of incarceration** at all levels of program delivery. The expertise of people who have themselves been to prison is critical in both the design and the delivery of community based reintegration services.