An evaluation of the counselling in prison trial

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Foreword

Victimisation through violence is a frightening and unsettling experience. The trauma associated with the crime is complex and multifaceted; the physical injuries may heal however the psychological damage can be long lasting and recurring. At Victims Services we see firsthand the impact crime has on victims and their families. We work with some of the most vulnerable, disadvantaged and disenfranchised groups across NSW and as unlikely as it may seem, one of those groups includes the NSW inmate population.

When discussions about working with inmates arise, I am frequently met with concern about how we can consider this group of people as victims when they are clearly offenders and should be treated as such. The reality, which is not in dispute, is that they are offenders and they have been incarcerated as punishment for their crimes. However, a component of incarceration is rehabilitation; that is where we have a role. Numerous inmate censuses indicate prior violent victimisation for inmates is high, particularly for female inmates. It is likely that as a result of that prior victimisation many of those inmates have high levels of unresolved or unaddressed trauma symptoms.

This Evaluation Report indicates that there is a high level of prior victimisation commencing in childhood, which is commensurate with offending behaviours. It is also supported by the growing body of evidence based research linking prior histories of victimisation and offending behaviours.

Whilst we cannot and do not state that the presence of these trauma symptoms is the direct cause of offending, research indicates that these are significantly associated with offending behaviours, such as drug and alcohol abuse, homelessness and recurrent mental health issues. Therefore, the resolution of unaddressed complex trauma is a necessary part, however small, of any successful rehabilitation program.

There are however no specific programs offered to address that victimisation or consider the presence of trauma. Given the trauma histories presented by this group, this form of intervention is imperative. The current partnership between Corrective Services NSW and Victims Services allows us to take an evidence based approach to providing a mutually beneficial outcome for this group. It also adds further evidence to the debate as to whether punitive environments can act as a therapeutic frameworks for trauma recovery.

The application of a trauma informed framework, as outlined in the Evaluation Report, has yielded significant results with some key challenges for policy and service provision. The recommendations outlined are achievable and are beginning to be implemented. Whilst I am aware of the significant cultural shift required to implement the recommendations, the commitment shown by Corrective Services in moving towards a trauma informed framework is to be commended.

I want to acknowledge the work and dedication of Thomas Dornan and the Clinical Programs Team without whom this program would not have been fulfilled to the high standard that it has. They have worked tirelessly to ensure that this program was a success and ensured that any issues were dealt with promptly.

Mahashini Krishna
Commissioner of Victims Rights
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Executive summary

Background
As indicated by the research, both male and female inmates are likely to have been victims of a violent crime as a child or adult prior to their incarceration. A history of victimisation is likely to be a contributing factor to the offending behaviour of these inmates.

Victims Services administers the Approved Counselling Service (ACS), which provides face-to-face counselling to eligible victims of violent crime. The ACS operates in accordance with eligibility criteria set out in the Victims Rights and Support Act 2013. The service is one of the responses available to victims of violent crime in NSW to assist them in coping with the adverse symptoms arising as a direct result of an act of violence and to reduce the impact of the crime on their lives.

Currently inmates in NSW are able to apply for counselling under the ACS, however they are unable to access this counselling until they are released from custody. Corrective Services NSW does provide limited therapeutic services to inmates to address any psychological, emotional or social impacts relating to their experience as a victim of violent crime. Whilst they do provide a large range of psychological services, most of these are limited to addressing issues relating to mental health and factors leading to their criminal behaviour.

In order to address the gap in services, this pilot program was established to determine if this type of service is needed by inmates, and can be provided effectively within the custodial setting. A protocol was developed between Victims Services and CSNSW to provide victims counselling to inmates in two NSW correctional centres. The pilot began in November 2011 at Dillwynia and May 2012 at Wellington Correctional Centre.

Objectives
The purpose of this evaluation was to determine the effectiveness of the pilot program, mainly to:

► identify and evaluate the process of delivering counselling in custody to address past victimisation;
► identify and assess the effectiveness of steps taken to address any issues during the duration of the pilot;
► determine if the counselling service met the needs of the target group;
► document progress of service users and the impact of counselling; and
► monitor uptake of the service.

Method
This evaluation considered the pilot in terms of both a process evaluation and outcome evaluation. A mixed methods approach was utilised in relation to the evaluation, which considered both qualitative and quantitative data to meet the objectives. The evaluation was considered from both a process and an outcome perspective in order to not only inform the impact on the clients but also how the service could be improved.

To conduct the evaluation, interviews were conducted with inmates participating in counselling and with a range of stakeholders in CSNSW. These interviews were conducted individually with inmates and some professionals, such as the Manager Offender Services and Programs. Other larger groups participated in focus groups to ensure that a range of perspectives within those groups were considered. Thematic analysis was used to derive the key themes which informed this evaluation.
There was also analysis of data collected in relation to uptake of counselling, demographic details of the participants, and pre and post measures of trauma symptoms.

Participants
► Of the 235 inmates who participated in the trial, 159 of the participants were female, 76 were male, and 87 identified as Aboriginal and/or Torres Strait Islander.
► 198 of the participants were victims of either domestic violence or sexual assault.
► Many participants presented with a history of multiple victimisation and complex trauma.

Key findings and recommendations
Overall the pilot currently in place has been effective. Interview and focus group data indicated that there were no major barriers in providing counselling in prison. For inmates, counselling gave participants an opportunity to discuss trauma, and deal with the shame and grief attached to the victimisation in a prison setting. At first, inmates were reluctant to discuss trauma histories. For many, they had carried the burden of victimisation in secret. Once they felt they were safe and in a non-judgemental environment, free from repercussions, then they could deal with the shame and grief of their trauma histories. It was important for trust to be built between the counsellor and participant.

Data analysis of trauma symptom scores showed a reduction in severity levels for inmates in the areas of depression, anxiety and stress before and after counselling. This reduction occurred across the group types, meaning that the difference was true for individuals regardless of age, gender or ATSI status.

Key stakeholders and service users recognised the impact that counselling had on individual inmates as well as some staff. During the interviews, service providers and service users shared their appreciation for the counselling program. It was reported that the program helped to address emotional regulation, prior trauma, and working through events rather than repressing them.

There are areas which have been recommended for improvement. These improvements are straightforward and predominately administrative in nature. The nature of the prison environment means that the processes normally adopted for the community setting require some amendments to improve their overall effectiveness. The major recommendation stemming from the evaluation was that it be expanded to other correctional centres in NSW. The other recommendations include:
► Adopting a case management approach for interventions to ensure the current counselling did not impede on other therapeutic services;
► Improvements on referral pathways for men and Aboriginal men in particular;
► Consideration for other delivery modes of counselling that fit within the correctional environment and can be absorbed into a normal service delivery model;
► That the administrative process be streamlined to reduce the administration required to operate in a correction environment; and
► That specific training programs be developed and delivered to improve staff awareness of trauma histories and what they mean for work practices.
Conclusion

Overall, the counselling in prisons pilot has been effective in its implementation in Dillwynia and Wellington Correctional Centres. The evaluation revealed some important findings for CSNSW in that it allowed inmates to address prior trauma histories previously hidden or repressed. The counselling was perceived as invaluable since such a specific service was otherwise unavailable to inmates.

Both participants and stakeholders felt that there were no major barriers to offering counselling in the centres. An analysis of pre and post counselling showed that there was a significant reduction in test measures of trauma related symptoms. In addition, most stakeholders were satisfied with the operation of the counselling pilot and supported further expansion of the services to other correctional facilities statewide.
Acknowledgements

The initial counselling trial was an initiative of the Women’s Advisory Council and established in the two pilot locations by Mandy Young, former Commissioner, Victims Services and Deirdre Hyslop, Principal Advisor Women Offenders.

Thank you to Mahashini Krishna, Commissioner of Victims Rights for the ongoing development of the program and her support in undertaking the evaluation.

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Chapter One | Introduction

1.1 Background to Victims Services Approved Counselling Service

Victims Services and Corrective Services NSW (CSNSW) have been running a joint “Counselling in Prison” trial in Dillwynia Correctional Centre and Wellington Correctional Centre. The trial was initiated to meet a gap in services to inmates in correctional centres who are also victims of crime, in accessing therapeutic services to address issues of victimisation. This issue has been regularly raised at the Women’s Advisory Council for CSNSW. The pilot considers the viability of providing therapeutic services within a correctional setting.

Research shows that inmates, both female and male, are likely to have been victims of violent crime both as adults and as children prior to their incarceration (Blanchette & Brown, 2006; Lawrie, 2002; McGrath, Nilsen, & Kerley 2011). Research also shows that Indigenous inmates have an even higher rate of victimisation than the general inmate population. A history of victimisation is likely to be a significant contributing factor to many inmates’ offending behaviour such as drug and alcohol abuse, violent behaviour or psychological symptoms that manifest in other offending behaviour such as gambling, theft or fraud.

In 2003, the report Speak Out, Speak Strong from the Aboriginal Justice Advisory Council found that over 90% of female offenders surveyed had been a victim of sexual assault. This figure has continuously been supported through various Justice Health inmates surveys, which consistently show most offenders are previous victims of sexual assault and domestic violence. A recent review conducted by the Australian Centre for the Study of Sexual Assault reported similar results (Stathopoulos et al., 2012).

Currently CSNSW provides limited therapeutic services to inmates to address any psychological, emotional or social impacts relating to their experience as a victim of violent crime. Whilst they do provide a large range of psychological services, these are limited to addressing issues relating to mental health and factors leading to their criminal behaviour.

1.2 The Approved Counselling Service

Victims Services administers the Approved Counselling Service (ACS), which provides face-to-face counselling to eligible victims of violent crime. The ACS operates in accordance with eligibility criteria set out in the Victims Rights and Support Act 2013. The service is one of the responses available to victims of violent crime in NSW to assist them in coping with the adverse symptoms arising as a direct result of an act of violence and to reduce the impact of the crime on their lives. Currently inmates in NSW are able to apply for counselling under the ACS however they are unable to access this counselling until they are released from custody.

1.3 Prior history of victimisation amongst inmates

The starting point of the pilot process asked the question: why offer inmates counselling focusing on their own history of victimisation? The reason is because inmates, both male and female, are likely to have been victims as adults or as children of violent crime prior to their incarceration. Research shows that individuals who have been neglected or abused are more likely to be arrested than those who have not been neglected or abused (Arnold, 1995, DeHart, 2008).

Research shows that an overwhelming majority of female prisoners have experienced more instances of domestic violence, child abuse, mental
illness, substance abuse problems, and more likely to have come from impoverished backgrounds than women in the general population (ABS, 2004; Blanchette & Brown, 2006; Kruttschnitt & Gartner, 2003; Morton, 1994). Attempting to measure the true extent of crime against women is difficult since crime is often unreported (ABS, 2006). What is known however, is that an early history of victimisation often relates directly to women’s crimes (DeHart, 2008; Gilfus, 1992; Lake, 1993).

A study by Briggs and Hawkins (1995) of male offenders and non-offenders who had been sexually abused in their childhood showed that the offending group were more likely to have received more frequent verbal and physical abuse during their childhood than the non-offending group. Further to this, Felson and Lane (2009) found that offenders who were abused physically were more likely to commit violent offences than non-violent offences.

A history of victimisation can be a significant contributor to offending behaviour, irrespective of gender. As well as offending, victimisation can also influence health and psychosocial functioning (Coll et al., 1998). Of those in the general population who experience mental health problems following interpersonal traumatisation, the majority do not seek formal help (Schreiber, Maercker & Renneberg 2010).

An evaluation of the ACS in Victims Services of the 2012-2013 financial year (Victims Services unpublished report, 2013) found that:

► 87% of sources for referrals came from sources other than the victim;
► 13% of applications related to violent crimes adult victims had experienced prior to turning 18 years old;
► for incidents where people had been victimised as adults, approximately 14% of victims applied for counselling several years subsequent to the incident; and
► 70% of applicants for counselling were female.

Currently there is limited research into prisoners’ experiences of trauma-focused therapy prior to incarceration, or research into the effect of this therapy on recidivism.

1.4 Current correctional responses

There are currently a range of programs offered by CSNSW (2012) which focus on addressing a range of criminogenic risk-factors; however none of the programs necessarily address prior individual histories of trauma. The Out of the Dark program helps women to address domestic violence. This program is run in a group format of two-hour sessions over the course of six weeks. However, the program occurs infrequently. There are no other specific services which address prior or historic forms of victimisation suffered by the inmate. Victims Services offer a therapeutic response to trauma, however the service is unavailable to inmates as it is a community based service.

Under NSW 2021 – A Plan to Make NSW Number One, CSNSW is committed to reduce the rate of re-offending by five per cent by 2021. Group programs designed to contribute to this goal are described in the Compendium of Correctional Programs in NSW. A range of services also contribute to this goal and include psychological services, Statewide Disability Services, the Personality and Behavioural Disorders Unit, and others. However, since these programs do not offer a therapeutic component to address prior victimisation, the current pilot was developed to meet the gap for inmates who have previously been victims of crime.

1.5 Victims counselling programs

There are numerous bodies of research which show that females’ history of victimisation often directly relates to their criminal behaviour (DeHart, 2008; Gilfus, 1992; Lake, 1993). Their history of victimisation can also relate to health and psychosocial functions. A National Prisoner Health
Census in 2010 shows that female prisoners are likely to have a range of complex needs relating to physical and emotional health, and that if these needs are not identified, and help not obtained, can further exacerbate the problem (AIHW, 2010). Unless there is a way to identify and address these needs in the correctional centres, these issues will continue to be relevant for female prisoners.

However, there are issues related to offering such a service for prisoners which must be considered. A literature review conducted by the Australian Institute of Family Studies (Stathopoulos et al., 2012) concluded with a framework for supporting female offenders with histories of trauma. The key principles underpinning the framework included five points in relation to victimisation and its impacts:

► Victimisation over the course of a female offender’s lifespan cannot be separated from the factors leading to their offending.
► Trauma related categories in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) and International Statistical Classification of Diseases and Related Health Problems (ICD-10) do not include the range of trauma which can be experienced as a result of victimisation.
► Difficulties managing emotions, self-capacity, dissociation, and changes to world views are central to complex trauma.
► Understanding the aspects of complex trauma is an important factor for establishing a sense of safety of a woman in trauma counselling.
► Trauma should not be a discrete part of correctional services or programs, nor separate from rehabilitation. Trauma should be addressed system-wide.

### 1.6 Establishing the service

A joint protocol was developed between CSNSW and Victims Services and a therapeutic service instigated, based on a trauma informed approach (Kezelman, 2011). It was decided that the service should be: independent of the prison (Pollack and Brezina, 2006) with a Victims Services counsellor providing the therapy; voluntary for prisoners (Buchanan, 2007); reflecting the needs of the prisoners (Covington, 1998); and, that there be a continuum of service between prison and the community (Eastel, 2001).

The pilot began in November 2011 at Dillwynia Correctional Centre and then in Wellington Correctional Centre in May 2012. The pilot has been a way of addressing this gap, with inmates in designated correctional centres, who are eligible for counselling under the ACS model, accessing Approved Counselling whilst they are in custody. The structure of the counselling service provided in the pilot is based on the ACS model with modifications made to some processes in order to meet the operational needs required to provide the service in the correctional centre.

As with the mainstream ACS service, counselling addresses trauma symptoms related to their experiences as victims of violence. This includes developing strategies to cope with traumatic events and assist inmates in attaining skills that may contribute to their rehabilitation and potentially reduce their re-offending behaviour. Also, inmates who will resume parenting responsibilities on their release will benefit from addressing their own trauma histories and this is likely to enhance their capacity to safely care for their children.

### 1.7 Aim of the evaluation

The aim of this evaluation is to determine the extent to which the counselling service has met its aims and objectives in terms of reducing trauma symptoms for inmates who have experienced a prior history of victimisation.
1.8 Objectives of the evaluation

The overall objectives of the evaluation in line with the joint protocol were to:

► identify what worked well and what did not work so well (in terms of both what was done (outputs) and how it was done (processes));
► identify and assess the effectiveness of steps taken to address any problems encountered;
► provide information on the extent to which the counselling service has met the needs of the target group;
► document progress of service users and the impact of counselling; and
► monitor uptake of the service.

In order to assess whether or not the service met those aims, the evaluation undertook two main components, specifically: a process evaluation and outcome evaluation.

1.8.1 Process evaluation

Process evaluation was considered as an important part of the service and was an ongoing component throughout the pilot. It assessed the activities of the program by focusing on its implementation and operation. Further, it sought to determine if the program was implemented as planned, or, if changes were required to be made to the plan and how this effected the overall operations of the program.

For the purposes of the present study, a process evaluation has been used to determine: how the program was implemented; the involvement of participants and stakeholders; the use of the tools and measures used for the pilot; and, whether or not the model of the pilot could be replicated.

Essentially, it sought to answer the following research questions:

► Has the pilot run as intended? What changes were made to the pilot?
► Has the pilot reached the intended target group?
► Which processes have supported the service and which have not?
► How effective are the links and relationship between CSNSW and Victims Services?
► Have the stakeholders been satisfied with how the pilot has been implemented?
► Is the service accessible to the participants?
► Have the materials and measures used in the pilot been appropriate for the target group?
► Can the model be replicated in other prisons?

1.8.2 Outcome evaluation

An outcome evaluation was undertaken as part of the overall evaluation as it assessed the long term effects of a program, and whether or not the objectives of the program were achieved. It focused on the changes that have occurred as a result of the program.

Using an outcome evaluation framework gives an indication as to the effectiveness of the pilot, whether or not the goals of the pilot were achieved, and the significance of the pilot. This will help to show whether or not the counselling pilot was successful, and if so, recommend that the program be implemented on a wider scale.

This component of the evaluation sought to answer the following research questions:

► Who were the participants accepting the service?
► What were the outcomes of counselling?
► Did participants’ levels of trauma improve from pre to post counselling?
► How did participants respond to counselling?
Were staff supportive of the outcomes?

What are the advantages and disadvantages of having victims counselling in a prison setting?

Were there factors outside of the pilot which influenced the pilot’s effectiveness?

What improvements could be made to the pilot to make it more effective?

1.9 Stakeholders in the evaluation

In order to achieve any possibility of success in the program, the participation of a range of key stakeholders were required. For the purposes of the pilot, the following agencies and positions formed the initial Steering Committee:

- Corrective Services NSW
  - Principal Policy Officer
  - General Manager
  - Manager Offender Services and Programs (MOSP)
  - Support and Programs Officers (SAPO)
  - Psychologists
  - Chaplain

- Justice Health
  - Mental Health Nurse

- Victims Services
  - Commissioner of Victims Rights, Victims Services
  - Coordinator Clinical Programs
  - Manager Strategic Policy and Programs
  - Approved Counsellors

It was these same groups of individuals that were approached and participated in the completion of the evaluation.
Chapter Two | Methodology

2.1 The program model

The program model was based on the Victims Services Approved Counselling Service. However, some changes were made in order for the program to be facilitated within the correctional centres. The approach of the counsellors was the same as the guidelines set out in the Practice Standards for Approved Counsellors. The counselling sessions were offered face-to-face with clients to address trauma related to an experience as a victim of a violent crime. Approaches to counselling could vary between counsellors, however all approaches were to be evidence based and appropriate to address the impact of trauma.

2.2 Participants

Participants were 235 male and female inmates from Dillwynia Correctional Centre and Wellington Correctional Centre who attended counselling sessions. Participants were identified through internal records within Victims Services and approved by a counsellor as being suitable for the sessions. Participants met inclusion criteria if they applied for counselling as part of the trial and then attended counselling sessions. Participation in the pilot was voluntary. Inmates have been included in this report if they participated in counselling between 1 November 2011 and 31 July 2014. There were an additional 12 inmates who attended counselling outside of these dates who have been excluded from this analysis.

This report does not discuss a further 47 inmates who declined to participate following approval from a counsellor and inmates who were either transferred or released from custody were excluded from the study (n=45). Inmates serving sentences for sex offences and non-victims of crime were also excluded from participation based on the decision reached by the Steering Committee. Hence the following analysis concerns 235 participants.

2.3 Data sources

Further data was collected from the Compensation and Restitution Enhancement System (CARES) at Victims Services and the Offender Integrated Management System (OIMS) including details of inmates’ participation in programs, number of self-harm incidences, and number of conflicts amongst inmates, before, during and after participation.

2.4 Data gathering

Data used as part of the evaluation were both quantitative and qualitative in nature. To determine changes as a result of the service, data was gathered from participants, both pre and post participation in the service. To minimise interference in the daily operations of the centres as well as minimising disruption to the inmates, Approved Counsellors undertook the pre/post measures (see section 2.5) as part of the counselling process.
2.5 Measures

Inmates completed three questionnaires, including the Depression Anxiety Stress Scales (DASS), Corrections Victoria Treatment Readiness Questionnaire (TRQ), and the Victims Services Client Evaluation Form.

Inmates who expressed interest in attending the counselling sessions completed the TRQ. The TRQ was completed again after their participation in the sessions. This information was used by counsellors but has not been included in this report because data was not gathered consistently.

Inmates completed the Depression Anxiety Stress Scales (DASS) at the first counselling session and again at the completion of 10 hours of counselling. The raw scores were then returned to the researcher.

The Victims Services Client Evaluation Form, a 12 item questionnaire, was also given to all inmates attending counselling sessions. This questionnaire provides comparative data between all participating inmates engaged in the counselling pilot. This data replicated feedback from the interviews and has not been discussed in this report as the interviews provided more detail.

A semi-structured interview was offered to inmates who participated in the counselling sessions. The interviews were designed to elicit information about both the process and outcome components of the evaluation. It considered participants’ views on:

- Accessing the counselling service and referral routes;
- Appropriateness of the counselling environment;
- Expectations and experiences of counselling;
- Perceived impact of counselling on affecting personal change; and
- Perceptions about the effectiveness of counselling received.

Staff and professionals who were interviewed (except for Correctional Services Officers who completed a survey) were asked open-ended questions about the outcome of the pilot, and perceived needs, barriers, benefits and limitations of the service.

Focus groups were conducted with Correctional Services Officers, and Services and Programs Officers, grouped by job title.

2.6 Issues of access and ethics

Ethics approval to undertake the evaluation was sought from the Corrective Services NSW Ethics Board. The Board provided recommendations on the proposed methodology to the Commissioner CSNSW who provided formal approval to the researchers.

The researchers then applied to become authorised visitors to enter Correctional Facilities and undertake the mandatory training course. Once this approval was obtained, further permission was sought from the General Managers of each correctional centre to visit the Centre and undertake the evaluation. In each instance, the Manager of Offender Services and Programs (MOSP) coordinated the visits to minimise disruption to normal routines and assist in the preparation of visit schedules.

Participants were selected randomly to participate in the evaluation. Participation was dependent simply upon an inmate participating in the pilot, their availability to participate and their consent to participate. Prior to the interviews being undertaken, the counsellor and programs staff explained the purpose of the evaluation. Further informed consent was obtained immediately prior to the interviews. No participants of the trial declined to take part in the evaluation process.
2.7 Data analysis

A mixed method approach was used to analyse the data gathered from the pilot. Data from the questionnaires was collected before and after participation in the counselling sessions and compared using statistical methods in order to determine if there was a significant difference in responses before and after participation.

Interviews with inmates were analysed and themes extracted for discussion. Thematic analysis was used to extract key themes from interviews and focus groups with staff and professionals involved in the program to determine the most important issues in the pilot.

2.8 Summary

The Victims Services Approved Counselling Service was used as a model for providing counselling to inmates in two correctional centres who had been a victim of a violent crime. Participants were 235 inmates from two correctional centres who were in counselling between November 2011 and July 2014. Data was sourced from electronic databases, interviews, focus groups and questionnaires. This evaluation will provide valuable information regarding the use of this model within the correctional setting.
Chapter Three | Service usage

3.1 Introduction
Counselling was offered to inmates who had previously been victims of crime as identified by records of victims kept by Victims Services. Participation in the trial was voluntary.

3.2 Service provision
Counselling was provided by an Approved Counsellor as approved by Victims Services. An assessment was conducted prior to initial counselling sessions in order to determine: the act of violence that occurred; presenting issues; client functioning before and after the act; and trauma-related symptoms, so that an intervention plan could be developed. There were up to ten hours of initial counselling with the inmate, focusing on the trauma that was experienced as a direct result of violence, which could then be extended to 22 hours once the Counsellor undertook a review of the progress in order to address the remaining issues as a result of the violence.

Correctional centre staff, Justice Health staff and inmates were told of the counselling service through meetings and by word of mouth. Staff could refer an inmate to the service, or inmates could self-refer.

3.3 Funding
The Approved Counselling Service (ACS) provides a source of funding for all eligible victims of crime to obtain access to up to 22 hours of free counselling. The inmates participating in the pilot all met the eligibility criteria to access counselling with the only barrier being the ability to access the service in a community setting.

Therefore the service established under the pilot operated within the normal parameters and costs established by the ACS. The hourly cost associated with inmates accessing a counsellor is the same as the hourly cost for anyone else accessing a counsellor in the community.

Some additional costs were required to establish the pilot such as travel costs for counsellors travelling to regional areas. Costs were also incurred for the recompense for the loss of clinical hours as a direct result of the delays in the normal functioning of a prison. These delays included lockdowns, inmates transiting between work and counselling, and transfers between units within the prison.

3.4 Program monitoring, coordination and management
Corrective Services NSW was responsible for:
► arranging criminal history checks for eligibility of Approved Counselling;
► conducting training prior to attendance at correctional centres;
► providing safety and security at correctional centres;
► rooms for counselling;
► facilitating referrals;
► exchanging relevant information with Victims Services; and,
► developing procedures to assess the appropriateness of inmates to participate in the program.

Victims Services was responsible for:
► overseeing the administration of the counselling pilot within Victims Services;
the recruitment and management of highly skilled counsellors;
► providing CSNSW with information posters, brochures and referral forms; and,
► exchanging relevant information with CSNSW.

3.5 Service usage
Participants were inmates who applied for counselling as part of the pilot, and then participated in the trial. Participants attended an initial session with a counsellor to confirm their suitability for the pilot. Inmates were excluded from the trial if they were serving a sentence for a sex offence or were non-victims of crime.

3.6 Demographics of inmates accessing service
Of the 235 participants in the counselling trial, 224 (95.3%) were primary victims. Figure 1 below shows a breakdown of other groups in the trial.

There were a total of 235 participants in the counselling trial from 1 November 2011 and 31 July 2014. There were 115 females at Dillwynia Correctional Centre, and 44 females and 76 males at Wellington Correctional Centre (see Table 1). Females accounted for 67.7% of the total participants in the trial.

### Table 1: Number of participants in each correctional centre by gender

<table>
<thead>
<tr>
<th>Correctional centre*</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dillwynia Correctional Centre</td>
<td>115</td>
<td>-</td>
</tr>
<tr>
<td>Wellington Correctional Centre</td>
<td>44</td>
<td>76</td>
</tr>
<tr>
<td>Total</td>
<td>159</td>
<td>76</td>
</tr>
</tbody>
</table>

* There were eight participants who moved into another prison during the trial. For the purposes of this table the first prison was chosen.

Of the total inmates, there were 87 participants listed as Aboriginal and/or Torres Strait Islanders (see Table 2). The majority of participants were listed as the primary victim of the offence (n=224, or 95.3%). There were five secondary victims, four family victims, and one dependant family victim (information for one participant was unknown).

### Table 2: Number of participants by Aboriginal and/or Torres Strait Islander status

<table>
<thead>
<tr>
<th>Aboriginal and/or Torres Strait Islander status</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and/or Torres Strait Islander</td>
<td>87</td>
<td>37.0</td>
</tr>
<tr>
<td>Non-Aboriginal and/or Torres Strait Islander</td>
<td>138</td>
<td>58.7</td>
</tr>
<tr>
<td>Unknown</td>
<td>10</td>
<td>4.3</td>
</tr>
<tr>
<td>Total</td>
<td>235</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Figure 2 (page 23) shows that participants tended to be victims of either domestic violence or sexual assault, regardless of their characteristics. However, there were other notable differences:
Males were more likely to be a victim of assault than any other group type.

Females were more likely to be a victim of sexual assault than males.

Aboriginal and/or Torres Strait Islanders were more likely to be a victim of domestic violence than non-Aboriginal and/or Torres Strait Islanders; there was no difference for sexual assault.

The average age of participants at the time they commenced counselling was 32.5 years. The majority of participants were aged between 18 and 39 years (see Table 3). On average, females were 33.2 years of age and males were 30.9 years of age.

Table 3: Age at time the participant commenced counselling

| Age of participants | Female | | Male | | Total | |
|---------------------|--------||-------||-------||-------||
|                     | No.    | | %     | | No.    | | %     | | No.    | | %     | |
| 18-29 years         | 50     | | 31.4  | | 34     | | 44.7  | | 84     | | 35.7  | |
| 30-39 years         | 74     | | 46.5  | | 24     | | 31.6  | | 98     | | 41.7  | |
| 40-49 years         | 24     | | 15.1  | | 11     | | 14.5  | | 35     | | 14.9  | |
| 50-59 years         | 5      | | 3.1   | | 3      | | 3.9   | | 8      | | 3.4   | |
| Unknown             | 6      | | 3.8   | | 4      | | 5.3   | | 10     | | 4.3   | |
| Total               | 159    | | 100.0 | | 76     | | 100.0 | | 235    | | 100.0 | |

3.7 Summary

The participants were 235 inmates from Dillwynia and Wellington Correctional Centres who received counselling for prior victimisation between 1 November 2011 and 31 July 2014. There were 159 who were female and 87 who identified as Aboriginal and/or Torres Strait Islander. There were 198 participants who were victims of either domestic violence or sexual assault.

* There were 10 participants who did not have an ATSI status and were not included in the ATSI/non-ATSI percentages. There was one female for whom the offence was not known and has also been excluded from the female percentages, and from the total percentage.
Chapter Four | Process evaluation

4.1 Processes and challenges

The current process for managing applications for victims of crime was amended slightly, as per the protocol, to manage the implications for a correctional setting. The completed application form requires endorsement for submission from the Manager Offender Services and Programs (MOSP) before progressing to Victims Services for processing. This process was established to ensure that inmates precluded from the trial (such as sex offenders) were identified earlier and referred to internal CSNSW services.

Once received by Victims Services, the applications are processed within two working days and a decision provided to the MOSP to confirm approval for the inmate to commence counselling. Confirmation is then provided to the Approved Counsellor and the inmate is placed on the waiting list to see the counsellor and scheduled in for the first available appointment. An overview of how the service is managed is presented in Figure 3 below.

During the interviews, staff reported that there was often inconsistency from Victims Services in terms of applying the process. These delays stemmed from different staff working on the process but not being completely aware of the next steps to be taken.

Discussions with Victims Services determined that this occurred during structural changes which resulted in a larger pool of administrative staff managing the process, rather than a dedicated counselling administration team. Further monitoring and review of the process will determine if this will be resolved as staff embed the work in normal practice.

With changes in the CSNSW organisational structure of the program area and changes in staff, it was raised that the effectiveness of the service operation was affected. It was believed that this would be resolved once staff bedded down the changes but it may take some time based on current priorities. Monitoring and reviewing this issue over a period of time will greatly assist in determining the extent of the problem and the necessary course of action to mitigate it.

A further administrative challenge is the delay in approval for the full 22 hours of counselling. Currently, 10 hours are approved, then a further 12 are approved at a later point. It was raised that this is an administrative step, and delays are caused in getting the application through to Victims Services and then confirming if further hours were approved. It was believed that approving the 22 hours upfront would better allow the counsellor and the MOSP to manage the process more simply and avoid any administrative delays from the centre or Victims Services.
Correctional centre lockdowns proved to be a challenging process for inmates, staff and the counsellors. With a difference in local policy between the correctional centres, Counsellors were unable to see clients and as a result were forced to delay sessions with inmates. This local policy was reviewed to provide consistency with the outcome being that counselling could still occur during lockdown periods, provided staff were available to conduct transfers between locations and provide supervision.

4.2 Promotion of the service

If not supplied by programs team, there appeared to be no real understanding of the service. Most inmates reported that the service was clearly distinguished from internal corrections programs and specifically in place to address prior histories of victimisation. Inmates reported a degree of wariness in accessing the program initially as they believed there were ulterior motives. However, word of mouth from other participating inmates assisted in reducing this concern.

Posters were provided and placed in public areas within the prisons. The service was also placed on inmate TV in order to reach a broader audience. However, reports from inmates indicate that word of mouth was by far the best means of service promotion. Some inmates did express the belief that some basic promotional materials that could be taken with them would be beneficial. Further, they recommended that those promotional materials could be given to inmates as part of a “reception pack”. Flyers and postcards have also been produced and distributed.

Staff reported being aware of the service, but some indicated that initially, inmates knew more about the program than they did. Further exploration revealed that the underlying philosophy of the service was the issue more so than the actual service. For some staff, their work labelled inmates as just an offender and little more. There was a notable difficulty in seeing inmates as more than an offender and acknowledging that they had a history outside the prison. This was advised to be more to do with the environment that staff worked within, the role they have and the context of their relationship with the inmates.

Inmates and staff alike suggested that different strategies needed to be employed to engage Aboriginal clients. It was suggested that this particular group had an inherent distrust of the system based on historical issues. It was also noted by both inmates and staff that the Aboriginal populations were noticeably over-represented as victim and offender. It was suggested that promotion of the service should start within the local Aboriginal community which should then allow information to filter back into custody.

The issue of the prison culture arose in the context of how inmates viewed programs. In most instances programs are viewed as a mechanism to keep busy and contribute to parole or leave. In this context inmates viewed the service on offer as a program to be completed rather than a service to access. This may mean that inmates use the entire allocation of counselling hours to be seen as “successfully” completing counselling. Inmates reported that staff had advised that this was not the case and that participants could attend counselling based on their need. However, the reported culture of distrust between inmates and staff means that inmates chose to complete the hours and avoid the perceived risk of failing to complete a program.

4.3 Referral routes

From the information provided by inmates, most referrals to the service come from the MOSP and the Service and Programs Officers. It was these roles that were most influential and knowledgeable about the program and what could be achieved through accessing it. From information provided during interviews with both staff and inmates, it appeared that the staff came from a trauma informed perspective which made the referral process much more straightforward.
Many inmates reported that a staff member identified the need for counselling and assisted them in the referral process. In many instances this person was clearly identified as a correctional officer that had adopted an informal "mentor" role and had assisted the inmate in identifying specific program areas to assist them during their sentence. Some officers considered that this was outside their remit, and whilst it was something they would like to do, was likely not to be undertaken due to workload. Others saw it as integral to their work and believed that better individual engagement with the inmates resulted in better outcomes for staff and inmates.

Screening for trauma was also raised by different groups as a possible starting point for referring inmates to the service. If a screening process was undertaken on entry to the correctional centre, it could be used to both determine the need for the service as well as suitability for participation. It was noted that caution would need to be used in applying this model as it may require staff to undertake specialist training, having implications for psychology staff if they had to undertake it. There would also be funding and resource implications in the development and trial of any screening tool used. Staff and inmates believed however, that the investment would result in better outcomes for mental health.

Psycho education was also flagged as a potential alternative referral route for inmates. Inmates reported that they believe that learning more about what trauma and victimisation actually is, is a crucial first step in the recovery process. For many of the participating inmates, the victimisation experience started during childhood. Regardless of how serious or potentially traumatic the experience was, it was often seen as "normal" and not necessarily victimisation. Providing education around this, particularly domestic and family violence and sexual assault, would provide a pathway to counselling for those inmates not recognising the implications of the victimisation. It was suggested that this could be undertaken by Victims Services as part of the current process and managed as a program within the Centres.

4.4 The referral process

An application process was specifically designed for the service to minimise the amount of information provided and increase the perception of safety. All stakeholders agreed that the application process was straightforward and posed no issues.

The administration of the application process was also reported as effective by inmates. There is a short waiting list but most inmates accessed counselling within a few weeks of the initial application. Despite engaging in what was described as a daunting process, the staff and the process in place facilitated their engagement in counselling relatively smoothly. The MOSP and SAPO’s were named as those most referring inmates to counselling and assisting with information.

There were comments from staff that some of the current processes, whilst simple, can become lengthy. The main reason is an inconsistency from Victims Services staff in providing information back to the prison. The primary issue appears to be Victims Services (Assessors) not understanding the act of violence reported and requested further clarification or approved fewer hours pending a report from the counsellor. This has already been mitigated from a process stance with clearer guidelines put in place for Victims Services staff and processes for clarification which do not delay the process.

4.5 Support in accessing counselling

The general consensus from participants was that access to counselling was simple and straightforward. Information was made widely available to inmates via posters and flyers, an item was placed on inmate TV, and staff verbally promoted and explained the service. The forms used to apply for counselling were simple and straightforward with little information required about the victimisation. This made it easier to engage in the service as they could choose how little or how much to disclose.
Other staff, such as Psychologists, Chaplains and staff from Justice Health were also named as providing assistance in accessing counselling as well as providing motivation to attend. Specific individuals were named repeatedly in guiding and motivating inmates. These staff members were frequently identified as providing a form of mentoring and social support to individuals. They were considered as having a high degree of interest in the inmates’ overall wellbeing but also having a high degree of investment in the inmates’ ability to change.

Female inmates reported a higher degree of support from staff in obtaining information about and getting access to the service. It was a common theme that it was largely more acceptable for females to be considered as victims and require some form of intervention. Male inmates on the other hand, found it more difficult to access counselling. Whilst they reported that information was readily available there was an underlying belief, or feeling, that staff were reluctant to assist them.

4.6 Counsellor reports

Counsellors submit two reports at different stages of the counselling process; after two hours of counselling and again after 12 hours of counselling. Whilst this process is fairly straightforward in community settings, it poses some issues in a correctional environment. The length of time taken to engage with clients and establish a therapeutic alliance takes longer in gaol, mainly due to the pre-existing culture of mistrust. Inmates agreed with this perspective and think that it takes longer to establish trust. For this reason it was suggested that the initial reports could be undertaken after four hours, which in turn would provide better engagement, a more applicable therapeutic plan and strategies to manage inmate issues. Progress reports as a result would then move to be provided after 16 hours of counselling rather than 12. The content could remain but staff suggested capturing slightly different information to reflect the disclosure of different types of violence and/or trauma.

It was also suggested that a simple outcome report be prepared when counselling ceases. This report could then be shared with psychology staff to allow for a more structured approach to therapy for the inmate. The report would not necessarily have to detail too much information about the actual issues or act of violence but instead focus on the approach used, milestones met, challenges of progress and strategies used in counselling. This should facilitate a more streamlined approach for the inmate and provide better outcomes. It was recognised that this would require a review of privacy implications but could provide better outcomes for inmates if consent was obtained.

4.7 Information sharing

Staff suggest that the operations of any service relating to mental health crosses over a number of key areas. In order to be most effective a structured case management approach is required to ensure that the client obtains the best outcomes. With that in mind it was proposed that the counselling service become part of that process, however formal or informal. To achieve this it would require participation from the counsellor as well as a degree of information sharing between stakeholders. These stakeholder areas were identified as Programs, Psychology, Justice Health and Prison Chaplaincy. This holistic approach did present some issues for information sharing as there were still privacy concerns from each of the areas, but it was believed that compromise could be reached without breaching any of the privacy issues raised.

Inmates did express a concern if this was to occur as everything was already being shared and they believed that all staff knew more details about individuals than they should. However, the suggested holistic response would not necessarily require details to be shared but instead focus on the work being undertaken, outcomes achieved, the approach being used and any concerns for the health and welfare of the inmate. This process would also assist the Transitional Centres who require
information from counselling prior to inmates moving to these centres. This process would require further discussions and need to be agreed to on a centre by centre basis as requirements and staff differed between locations.

4.8 A single approach to therapeutic interventions

Psychologists and other mental health staff play a critical role in the safe, secure and humane management of inmates, including those with mental health or cognitive impairments. Whilst the focus is on reducing the risks of re-offending, they also assist those inmates with complex clinical and behavioural needs to access and complete other programs. To achieve this, they require an overview of the program, the inmate’s participation and the needs of the inmate.

Whilst the victim focused counselling service operates through the programs area, there is no centralised approach to therapeutic case management or interaction between the counsellors and the correctional psychologists. Staff generally agreed that a more formal approach be adopted to develop a structured therapeutic plan, which will meet a broader range of needs as well as a logical approach to managing offenders’ psychological state. It was suggested that this could occur monthly and allow those professionals involved to agree on a plan, review outcomes and achievements and develop clear goals for the future.

On a practical level, it will also provide a forum by which professionals can work together to ensure that inmates receive consistent information and a common approach. It was acknowledged that the correctional setting is a unique environment and that any therapeutic response provided has to work within a set of defined limitations. It was suggested that having a forum to provide alternative responses to mainstream therapy would be beneficial. At present most of the work undertaken is limited to cognitive based therapies due to the environment. Counsellors state that they have had to become more creative in their approach to inmates and working with Psychology has greatly expanded their therapeutic strategies with mutual benefits.

A limited number of participants thought that staff, in general, would benefit from specific training which may be considered outside of their normal role requirements. It was suggested that this training could include:

- how to identify psychological problems as a result of trauma;
- how to make appropriate referrals; and
- how to maintain and respect appropriate boundaries in relation to counselling.

It was clear that there was no expectation at all that inmates expected staff, particularly custodial staff, to work outside their roles or areas of competence. What they wanted were staff skilled in recognising that inmates often displayed behaviours resulting from trauma and not attributing those behaviours to disobedience or non-compliance.

4.9 The counselling environment

There were no major concerns expressed with regards to the actual locations of the counselling. The rooms provided privacy for inmates as well as security for the counsellors. Counsellors reported having good access to staff when they needed it and found that staff were largely supportive and responsive to their needs. It was acknowledged that often there were some changes in the rooms used, particularly in Wellington, however this was for operational reasons and put down to the “normal” functioning of the gaol.

Where alternative locations for counselling were provided, staff reported that safety was the primary concern and all measures were taken to ensure that safety was seen as paramount. Occasionally this meant a break in normal routine but correctional staff facilitated any changes effectively with
little delays. In terms of inmate responses, the locations were considered as appropriate and satisfactory.

Of note was the perception that women didn’t mind sessions being undertaken in the visits area where everyone knew why they were there. Men however, requested more privacy and stated that it would be better if sessions were undertaken at the Mental Health Clinic. They cited physical safety as the reason behind this and believe that with the culture in gaol, it is not something they can be overt about attending.

It was also raised that there needs to be better management of inmates who are “called down” to see the counsellor. Inmates and staff alike reported instances where correctional officers announced that specific inmates were to attend victims counselling in front of other inmates. This posed an issue for male inmates mostly who stated that this became an issue for them, with other inmates then seeing them as a “soft target”. Inmates also suggested that this was a barrier to engaging in or continuing with counselling due to the stigma attached to being considered a “victim”. It would be better if inmates were just called to an area of the gaol rather than expressing the reason why they were being called. This particular issue was addressed by the Manager of Security but inmates say that there is a lack of consistency in applying direction based on the officers on duty.

4.10 Post counselling follow-up

As the pilot progressed, the participants raised a number of issues in relation to what happens post counselling. For those inmates being released, advice is provided that they can continue with the counselling in the community and that Victims Services and CSNSW can arrange a “warm referral” via audio visual equipment. No requests have been made but the proposal was well received from a personal as well as case management perspective.

Inmates also spoke of the gap in services following counselling, indicating that when they finished counselling there was nowhere else to go. For those inmates seeking to improve resilience and internal mental fortitude, the programs were not available to assist in providing skills and abilities. They referred to the work that they had put into individual counselling in order to address some specific trauma symptoms, but believe that individual counselling alone was not enough. Some suggested alternative programs prior to and/or following counselling to improve outcomes.

Some inmates stated that some group based expressive therapy programs would allow for better socialisation and normalisation of their experiences without having to overtly share their personal experiences. They further stated that this approach would also assist engagement in therapy. Other stakeholders agreed and stated that they are aware that many inmates find the concept of individual counselling very confronting and that some education or group work in the first instance would break down a lot of emotional barriers and improve referrals.

Staff and inmates also reported that consideration should be given to the timing of the service and that any programs be considered in light of other programs being delivered in the centre. Many spoke about the realisation that their experiences have had on certain aspects of their lives and the decisions that they had made. They stated that they often feel better equipped to address their offending histories now they can contextualise it with other experiences. This is not to say that any inmates interviewed blamed their offending behaviour on their trauma histories; rather that they are more aware of the decisions they made, what led them to that point and why they choose the life they did. This would have implications for addressing the criminogenic needs of the inmates and further research could consider the implications of this.

The issue of uptake of counselling in the community was discussed with inmates who posed the proposition that on release, their priorities and time commitments varied. Based on the removal of the structure of
routine within the correctional centre, they found (or believed upon release) that they would find it difficult to schedule appointments. Most inmates expressed the desire to continue but on a practical level just believed it would be difficult.

Staff and inmates also raised the issue of improving links between the service and Community Corrections. They believed that the additional support provided by the counsellor would be beneficial in addressing some of the trauma issues, once they got back “outside”. Both staff and inmates believe that the achievements made inside the centres could continue on release if Community Corrections were more aware of the service.

4.11 Summary

Overall the process currently in place appears to be effective but a number of areas have been recommended for improvement. These improvements are straightforward and predominately administrative in nature. The nature of the prison environment means that the processes normally adopted for the community setting require some minor amendments to improve their overall effectiveness. The recommendations stemming from this review are then:

► Adopting a case management approach for interventions. A more holistic approach for mental health professionals would provide a structured approach to developing a single mental health plan. This will require some planning and the adoption of a cooperative approach by those involved. The issue of information sharing will require further discussion and a standard agreed to that will not compromise the inmate’s confidentiality.

► Improve referral pathways. The process of developing referral pathways for certain groups, such as men and Aboriginal inmates, needs to be explored further. The barriers currently in place in accessing counselling can be reviewed and some options that still fit within the ACS and the program structure of CSNSW.

► Streamline administration process. When applications are received from the prisons, the administration process should be amended to reflect the following process:
  - Approvals to participate in the service is provided by the MOSP as part of the application process, rather than a separate process;
  - Victims Services to consider approving 22 hours of counselling in the first instance;
  - Notification of approval by Victims Services will be provided to the MOSP and psychologist simultaneously.
  - Timing of the reports from Approved Counsellors to be changed to:
    - Initial reports at four hours
    - Progress reports at 16 hours
  - Outcome reports: Victims Services to develop an Outcome Report for completion at conclusion of counselling.

► Training and development. Specific training programs be developed and delivered to improve staff awareness of trauma histories and what they mean for work practices. These programs should target Correctional Officers in the first instance and other staff in the second.
Chapter Five | Victimisation and a history of trauma

5.1 A history of victimisation

Overwhelmingly, many participants acknowledged their trauma histories commencing during childhood. The prevalence of this childhood abuse covered a range of victimisation, including sexual abuse, physical abuse and emotional abuse. In many cases clear neglect was present and often a precursor to the other forms of abuse. When considering their childhood trauma histories, the most common themes arising, irrespective of gender, appeared to be: risk taking behaviours; poor social relationships; general dysfunction; and, poor decision making capacity.

Of interest was the fact that males who reported childhood abuse did not necessarily see this as a commencement of their trauma histories. Most reported that for them it was seen as “normal”. The reason for this was that it was common amongst their peer groups and acknowledged as part of growing up. Most reported that this form of victimisation largely went unreported and then “stopped” in their mid-teens. Most also recognised that it was around this time that authorities began to take an interest in them but by then juvenile offending was the focus, not victimisation.

Women in similar situations reported that they recognised the child abuse as wrong and not “normal” but were powerless to stop it. Most did not report to authorities because the offender was a parent or family member. Unlike their male counterparts, women reported a much more systematic pattern of abuse throughout their lifespan, with high levels of occurrences of sexual and physical abuse.

In some situations certain patterns of abuse were seen with both males and females being subjected to physical abuse to protect younger siblings. In these instances, the participants reported that the siblings did not follow the same offending pathways and turned out to be “good kids”. In each instance the participants did not know if the siblings ever knew what had transpired and in each instance they were adamant that they would never discuss it with them.

“Everyone got [hit with] the jug cord, I was no different. Most times I deserved it.

It was pretty regular and always when he had been drinking. But better me than [Sara], she was much younger than me and after all, it couldn’t get any worse for me.

At some point you know it’s wrong and it shouldn’t be happening, and how do you leave?

My self esteem was so low that after a while, I just accepted that it was my fault.”
5.2 Multiple acts of violence

This section explores whether or not the participants were victims of multiple acts of violence. It is not always known if there were multiple perpetrators, or if some offence types happened on different occasions. There is data for both adult and childhood victimisation. Data was not available for 86 participants and therefore the information in this section is based on 149 individuals. Victimisation which occurred as an adult is first discussed, and then victimisation as a child.

**Adulthood**

To be part of this trial, all participants must have been a victim of a violent crime. The act of violence was one which related to adulthood. The offences for which counselling was sought for the purposes of this trial is discussed in Chapter 3.

There were 134 participants (89.9%) who experienced multiple acts of violence as an adult. That is, they experienced an act of violence separate to the act of violence for which they sought counselling. Fifteen participants (10.1%) did not experience multiple acts of violence.

Of the 134 who experienced multiple acts of violence, an analysis of counselling documents and interviews showed that 115 participants disclosed\(^1\) the type of violence most commonly experienced (see Table 4). For each individual, only one secondary act of violence was chosen even if there were more than one secondary act of violence. The act of violence chosen was the most common act for the individual. The most common secondary act of violence was sexual assault (37.6%), followed by domestic violence (22.8%).

<table>
<thead>
<tr>
<th>Act of secondary violence</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual assault</td>
<td>56</td>
<td>37.6</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>34</td>
<td>22.8</td>
</tr>
<tr>
<td>Unknown</td>
<td>19</td>
<td>12.8</td>
</tr>
<tr>
<td>Did not experience multiple acts</td>
<td>15</td>
<td>10.1</td>
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<tr>
<td>Assault</td>
<td>13</td>
<td>8.7</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>8.1</td>
</tr>
<tr>
<td>Total</td>
<td>149</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In regards to differences in occurrences of multiple acts of violence by gender there were differences in the percentage of those who experienced multiple acts of violence as adults and children (see Table 5). There were a much larger percentage of females than males who disclosed multiple acts of violence during adulthood. This difference was statistically significant.\(^2\) On the other hand, there was a lesser difference in percentage of those who experienced multiple acts of violence by gender during childhood compared to adults, with a greater number of children of both genders who did not experience multiple acts of violence.

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1. It’s not that you go looking for someone to hurt you, but you start off with a different sense of what is acceptable and what isn’t then sooner or later it escalates.

2. If you don’t start in a position of power, it’s hard to end up in one, then you just make yourself the victim.
Table 5: Disclosure of multiple acts of violence as an adult and child by gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adulthood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>93 (100.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Male</td>
<td>41 (73.2%)</td>
<td>15 (26.8%)</td>
</tr>
<tr>
<td>Childhood*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>32 (39.0%)</td>
<td>50 (61.0%)</td>
</tr>
<tr>
<td>Male</td>
<td>16 (28.6%)</td>
<td>40 (71.4%)</td>
</tr>
</tbody>
</table>

* Information is not known for 11 participants.

Childhood

There were 133 participants (89.3%) who experienced one or more acts of violence as a child. An analysis of counselling documents and interviews showed that 132 participants discussed the type of violence most commonly experienced during their childhood (see Table 6). The most common act of violence was sexual assault (36.2%) followed by neglect (24.2%).

Table 6: Most common act of violence during childhood

<table>
<thead>
<tr>
<th>Act of violence</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual assault</td>
<td>54</td>
<td>36.2</td>
</tr>
<tr>
<td>Neglect</td>
<td>36</td>
<td>24.2</td>
</tr>
<tr>
<td>Assault</td>
<td>27</td>
<td>18.1</td>
</tr>
<tr>
<td>Did not experience an act of violence</td>
<td>16</td>
<td>10.7</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>15</td>
<td>10.1</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Total</td>
<td>149</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Of the 133 participants who reported experiencing an act of violence as a child, there were 48 participants who experienced multiple acts of violence as a child.

Relationship between victimisation as an adult and a child

It is interesting to note, that of the 134 who experienced multiple acts of violence as an adult, 123 also experienced an act of violence as a child. Also, of the 48 participants who experienced multiple acts of violence as a child, only two were not a victim of multiple acts of violence as an adult.

5.3 Prior help seeking behaviours (trauma) of participants

During interviews, participants advised that in most instances, not only had they not sought help regarding their victimisation; they have never told anyone before entering custody. In nearly all cases, the most common reason for not accessing counselling was due to guilt and shame. In discussion, most of the victimisation had begun in early childhood, the participants had developed a poor understanding of the abuse suffered which had carried over into adulthood.

When discussing their trauma histories, most participants stated that there was a process by which they disclosed or revealed their history. Many of them acknowledged that at least some reports had been made to welfare services.
agencies but they were more fearful of those agencies’ responses than the abuse themselves. Many cited examples of being placed in foster homes and experiencing an increase in the abuse. Others remember ‘stories’ or urban legends from peers and as a result never disclosed what really happened. Most admit to underreporting their abuse but claim that this was a safety mechanism to protect them, or a sibling, rather than an act of omission.

In many instances the agencies involved were aware that something had happened but not the true extent of the abuse. This has carried over into other facets of their lives where they only disclose what they have to. This was true of custody where they acknowledge that they have disclosed some things to Correctional Officers, a little more to programs staff and more again to psychologists and counsellors. However, the suspicion and culture of mistrust prevents them from fully disclosing. This was confirmed by different occupational groups with the correctional centre staff who all see smaller portions of an inmate’s history. Psychologists see one portion, nursing staff another and welfare staff yet another, each with differing degrees of information. Psychologists tend to see a bigger portion of the history than other staff.

As discussed in Chapter 4, Victims Services Counsellors were seen as “independent” and more “trustworthy” than correctional staff. Yet participants still stated that they had not disclosed all of their history to them or likely ever will. Counsellors confirm this and report a slow process of disclosures over periods of time during counselling but are aware it is not the full history. Yet despite this limited picture of victimisation disclosures, when counsellors compare it to a similar cohort of non-offending clients, the trauma history is more prevalent and pervasive than they are used to seeing.

Participants also stated that commencing counselling with a focus of them as a victim was a difficult decision even now as they had assumed the label of offender and did not necessarily believe that they were entitled to a service which had a victim focus. Previously they were able to self-medicate with prescription drugs or use a range of drugs, including alcohol but these things were not freely available in custody. Many also cited a process whereby they cycled in and out of custody. However the focus each time was on preventing re-offending not trauma.

5.4 Trauma responsiveness

Inmates with a trauma history may have certain presentations or symptoms that increase difficulties in their ability to function within a correctional centre. Best practice within this environment requires prisons to be structured, safe and predictable. The practices within the prison should have boundaries, incentives and consequences, and ensure that inmates are treated with dignity and respect. The problem then lies in the perception that correctional staff in general see their role as maintaining law and order or addressing criminogenic needs. Any form of “welfare” focus is seen as being outside that role and a matter for professionals, such as psychologists.

The downside to this is that in the absence of a specific trauma informed approach, inmates report that they see the development of what can only
be described as “institutional trauma”. Inmates begin to relive the past experiences and associate them with the present, becoming retraumatised. On the opposite side, the more the response by correctional staff is grounded in authoritative measures, the more deeply the inmate staff dynamics are repeated and reinforced. Either way, it makes the correctional centre a difficult place to live and work.

Some correctional staff did report that they had reasonably good capacities to respond well to traumatised inmates despite a lack of training. Yet those staff stated that it came with a price. Without being able to identify it, those staff outlined the core symptoms normally associated with vicarious trauma. Compounded by the experiences of witnessing other forms of trauma in the prison, they identified as close to being “burned out”. This group of staff indicate a lack of any formal training in this area. Other staff see the behaviours as a product or contributor to criminality rather than as a result of trauma. Staff in this group find it hard to see the “human” side of these inmates and harder still to summon the capacity to see them in a different light.

Quite often, staff do recognise the aftermath of the trauma or more commonly the aftermath of disclosing that trauma. However, they see the difficulty in ascertaining the point where an inmate is simply upset or whether it a precursor to self-harm or suicide. They report then taking a risk management approach, “just in case”. These sentiments of being too focused on risk management and not focused enough on the person and what they were going through were echoed by inmates. It is of interest to note that whilst correctional staff saw managing inmates’ behaviours as a risk management response, inmates saw those responses as retraumatisation.

One inmate described the experience of a particularly harrowing disclosure to the counsellor regarding repeated episodes of child sexual assault. On leaving the counselling session, the inmate spoke to a correctional officer they thought would understand. “I told him I have just had a tough session and am really emotional. As I am in a two out cell, I just need some time to process it and can’t do it in front of anyone. The officer appeared sympathetic and genuine in his concern, but next thing you know I am in a RIT cell for three days. They were worried about me self-harming. Next time I know to bottle it up and say nothing. Even the good ones make it worse.”

From interviews with inmates it was clear that there was a general awareness that correctional staff understood that there was pre-existing trauma. It was also perceived that those staff were separated mainly into two groups, those who did not care and those who did care but did not know what to do in response. Specific training in managing these processes as well as a focus on self-care would help to resolve these issues with better outcomes for staff and inmates.

“Am I angry and hostile? After 20 years of abuse and torture by people that supposedly love me, bloody right I am.

If they disclose I know exactly what to do. Stop them talking in case I make it worse and get them in to see the psych ASAP.

I try but sometimes it gets overwhelming. I have heard some pretty horrific stories and it’s hard not to take them home with you.

There are some good officers here. I have tried to talk to them but they just don’t know how to handle it.”
5.5 Becoming trauma informed

Correctional centres are quite obviously designed to cater to offenders, not victims. However the consistent nature and widespread duration of inmate trauma histories demonstrate that this approach is not conducive to implementing trauma informed approaches. Correctional officers have stated that they have to treat every inmate as a risk and plan for the worst. This keeps not only them safe but also the other inmates safe in their care. This makes any transition to a trauma informed perspective difficult.

Inmates acknowledge this but highlight that the constant displays of power and control, however necessary, often impact on their own trauma related past. Strip searches, subservient behaviours, restricted movements and activities often replicate their own pasts and can reportedly impact on levels of retraumatisation. This can then result in challenging behaviours which staff then have to manage leading into a cyclical process.

If inmates start their time in custody with limited coping skills and find it difficult to control certain behaviours with multiple triggers, their engagement in any routines, programs or even therapy will be difficult if not impossible. Therefore, the principles of trauma informed practice should be implemented as a priority, supported by specific interventions aimed at trauma stabilisation through addressing prior traumas. If staff work towards becoming more trauma informed, the anecdotal evidence suggests that they can play a role in stabilising behaviours and minimising the trigger points that ‘set inmates off’.

It is clear that there are significant levels of trauma amongst inmates and regardless of whether or not the correctional centres adopt a trauma informed approach, staff must work with the inmates on a daily basis, whilst inmates live with the consequences of what has happened to them. The consideration of trauma informed practice training for correctional centres would provide a start for staff to better understand and respond to trauma. The subsequent actions should result in better outcomes for inmates and provide better transitions into addressing criminogenic needs.

5.6 Summary

While each inmate’s narrative of their experiences in the trial was unique, there were a range of key themes which emerged throughout the interviews and have been explored within this section.

In terms of presenting issues, all of the symptoms described would meet the diagnostic criteria for one or more diagnosis of trauma and stressor related disorders. This is not to say that an actual diagnosis has been provided, merely that the indicators of complex trauma are there and remain largely unresolved.

It is important to understand that each of the issues overlap and are often described by the participants in conjunction with a range of other themes (explored further in Chapter 7). They have been separated here for clarity and to create a clearer picture of how the interactions and understanding between stakeholders can be similar yet incredibly diverse.
Chapter Six | Data analysis

6.1 Depression Anxiety Stress Scales

The Depression Anxiety Stress Scales (DASS), which is a set of three scales, was used in order to measure participants’ levels of depression, anxiety and stress at the start, and at the end of counselling sessions (referred to as pre and post, respectively):

► The Depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest or involvement, inability to experience pleasure, and inertia.

► The Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect.

► The Stress scale is sensitive to levels of chronic non-specific arousal, including difficulty relaxing, nervous arousal, and being easily upset or agitated, irritable, over-reactive and impatient.

► The highest score an individual can receive for each of the three measures is 42.

The results showed that participants (n=232, data was missing for three individuals) had reduced levels of depression, anxiety and stress from pre to post (see Table 7). On average, severity scores of each of the three measures were halved. This result was significant.\(^5\)

<table>
<thead>
<tr>
<th>Table 7: Average and median pre and post DASS scores</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre Scores</strong></td>
</tr>
<tr>
<td><strong>DASS</strong></td>
</tr>
<tr>
<td>Average</td>
</tr>
<tr>
<td>Median</td>
</tr>
<tr>
<td>SD</td>
</tr>
</tbody>
</table>

DASS scores by gender

The average score for each of the three DASS measures halved from pre to post for both males and females (see Table 8). There was not a significant difference in regards to gender pre or post counselling.

<table>
<thead>
<tr>
<th>Table 8: Average and median pre and post DASS scores, by gender</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre Scores</strong></td>
</tr>
<tr>
<td><strong>DASS</strong></td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Average</td>
</tr>
<tr>
<td>Median</td>
</tr>
<tr>
<td>SD</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Average</td>
</tr>
<tr>
<td>Median</td>
</tr>
<tr>
<td>SD</td>
</tr>
</tbody>
</table>
An evaluation of the counselling in prison trial

There were also no significant differences for each of the three measures by ethnic group for pre or post scores.

### 6.2 DASS severity categories

Once DASS scores are calculated, they are categorised into five different severity levels: normal, mild, moderate, severe, and extremely severe.\(^6\) In the current study, participants showed improvements from higher severity levels at the start of counselling sessions to lower severity levels at the end of sessions for depression, anxiety and stress (see figures 4, 5 and 6\(^7\) below). Although there was improvement in all three measures of depression, anxiety and stress scores from pre to post, there were small differences between the three measures. In post counselling sessions, the majority of participants scored within a moderate range of depression whereas participants’ severity scores for anxiety were more likely to finish in the higher range categories.

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**Figure 4: Number of participants with scores in each depression category**

<table>
<thead>
<tr>
<th></th>
<th>Pre depression</th>
<th>Post depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mild</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Moderate</td>
<td>230</td>
<td>45</td>
</tr>
<tr>
<td>Severe</td>
<td>42</td>
<td>18</td>
</tr>
<tr>
<td>Extremely severe</td>
<td>18</td>
<td>0</td>
</tr>
</tbody>
</table>

**Figure 5: Number of participants with scores in each anxiety category**

<table>
<thead>
<tr>
<th></th>
<th>Pre anxiety</th>
<th>Post anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mild</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Moderate</td>
<td>230</td>
<td>3</td>
</tr>
<tr>
<td>Severe</td>
<td>81</td>
<td>88</td>
</tr>
<tr>
<td>Extremely severe</td>
<td>44</td>
<td>103</td>
</tr>
</tbody>
</table>

**Figure 6: Number of participants with scores in each stress category**

<table>
<thead>
<tr>
<th></th>
<th>Pre stress</th>
<th>Post stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mild</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>Moderate</td>
<td>207</td>
<td>83</td>
</tr>
<tr>
<td>Severe</td>
<td>88</td>
<td>61</td>
</tr>
<tr>
<td>Extremely severe</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6.3 Discussion

There was a reduction in the level of severity scores from pre to post counselling in all three measures; depression, anxiety and stress. This reduction was significant, and did not differ regardless of gender or Aboriginal and/or Torres Strait Islander status. However, the level of improvement varied between the three measures.

6.4 Violent actions and self-harm

There was an analysis of violent assaults, violent fights, self-harm acts and threats of self-harm data which was obtained through CSNSW databases. The data was separated into pre and post periods using the inmates’ counselling commencement date. The final date of counselling could not be obtained, and therefore the post period represents some time in which the inmate participated in counselling. The results showed that there were no significant differences from pre to post periods for each of the four areas. However, staff who were interviewed indicated that there was a reduction in these areas. The reasons for this difference in recorded data and interview data could be because: there is underreporting of incidences by inmates; underreporting by staff due to the consequences to inmates for what could be a relatively small action; and, data includes time in which counselling was occurring and therefore the inmate was still in the process of working through his/her trauma when incidences were counted.

6.5 Summary

This chapter discusses the analysis of two different measures: the Depression Anxiety Stress Scales; and reported violent assaults, violent fights, self-harm acts and threats of self-harm data. The results show that there was a reduction from pre to post counselling for depression, anxiety and stress levels. Although there did not appear to be the same reduction in the number of violent actions and self-harm data, there are limitations to what can be learnt from this set of data. Chapter 8 incorporates feedback from interviews with staff which discusses inmates’ changes in behaviour post counselling.
Chapter Seven
Inmates’ experiences and impact of counselling

Determining the effectiveness of counselling requires consideration of multiple perspectives, which includes how the participants perceive the experience and what outcomes they believe are attributable to it. Whilst this section is largely subjective as it relates to participants’ self-reported impacts, it is nonetheless an important aspect in determining the effectiveness of the counselling process. It provides a more in depth exploration of participation in the counselling process.

It must then be noted that this section is just one of many perspectives that are explored in order to determine the effectiveness of the counselling service. It should be considered in the context that it is presented with the caveat that it is one part of the evaluation process, however important that part is.

7.1 Counselling in the prison environment

Participants shared their individual experiences, thoughts and feelings prior to attending counselling. These have been grouped into ‘pre’ and ‘during’ counselling as there were some marked differences in feelings and beliefs once counselling had commenced.

7.2 Presenting issues

‘Presenting issues’ is what is described by counselling participants during the initial stages of counselling. Often, the issues raised are normally only enough to generate a starting point in the therapeutic space and may not be of primary importance to their recovery. There are different schools of thought on this process, with some focusing only on fixing the presenting issue, while others try to find the reason that the issue developed.

Inmates participating in the counselling trial were not required to, but could choose to, disclose the reasons for attendance during the interview. The focus of the interviews was the experiences of the individuals during the counselling process. References to the actual events were omitted to reduce possible retraumatisation of the participants. Presenting issues were clearly identified on the application form. Further, those issues are explored in more detail during the initial counselling sessions with the approved counsellor.

Given the nature and focus of the counselling program, the presenting issue was as a direct result of prior victimisation, creating an altogether different starting point for therapy. The majority of the participants were very aware of their current issues and the direct relationship to prior victimisation. What they were not aware of was the actual extent to which the resulting trauma had impacted their lives, including relationships, trust, decision making, risk taking and offending behaviours.

Many participants stated that they became desensitised to certain types of threat, assuming that they would get hurt anyway. Others reported engaging in high levels of risk taking and participation in dangerous activities without really understanding the reason for the behaviour. This was a recurrent pattern of behaviour across the lifespan.

Participants also reported that at this early stage they were “testing the waters” with the counsellor and slowly releasing information to gauge
the counsellor’s reaction. It is during this process that the therapeutic alliance was being established and trust was being built. The issues were recognised as important as they gave the counsellor vital information as to the participant’s emotional state and determined a particular treatment protocol.

The most common presentations from participants included:

► Avoidance, both from memories or thoughts about the event as well as external cues;
► Intrusive thoughts, including dreams, associated with the events;
► Difficulties concentrating;
► Low self-esteem, usually associated with high levels of guilt and self-blame;
► Negative emotional state and low levels of emotional regulation, particularly anger;
► External stressors from other inmates and staff;
► Sleep disturbances and recurrent intrusive dreams about the event(s); and
► Depression.

It is worth noting that anxiety was raised as another common issue, however participants attributed it to being in gaol rather than a consequence of victimisation. Further discussions however, revealed that this was a constant or persistent issue which was present prior to incarceration. For women, the anxiety described was related to specific instances or periods but there was no connection made as to its cause. Male participants reported similar periods of anxiety and could attribute those periods to specific triggers. Significantly men also reported high levels of hyper-vigilance but attributed those directly to the prison environment rather than periods of anxiety outside of prison.

During the interviews, which reflected the contents of the reports, participants reported a significant history of multiple victimisation and clear indicators of complex trauma across the lifespan. Of particular note for the clear majority of inmates interviewed, was the stated onset of the reported victimisation. This was consistently reported as commencing in early childhood and continuing on into adulthood for women and early teens for men.

Whilst the type of reported victimisation varied, several key themes pervaded the interviews, including violence, fear, power and control. Inmates who reported victimisation in childhood also reported a variety of problems in their adult life, including mental health issues, drug and alcohol misuse/abuse, impaired social relationships, self-harm and suicide. These are explored in more detail below.

7.3 Perceptions of counselling – Pre-counselling

Fear and general anxiety played a large part in the thought processes of participants when considering counselling. For many participants, the experiences of what had occurred were considered as something truly personal and in most cases had never been shared with another person. The idea of opening themselves up to a stranger was perceived as making themselves more vulnerable. Many participants reported that this was tempered slightly, as the counsellor was not “part of the system”, however the fear persisted regardless.

Participants acknowledged that in their own instances of victimisation, the offender was known to them and as a result they were starting a process from a position of mistrust. In many of the events described, an intimate partner was named as the offender and contributed significantly to a breach of trust. Residing in a correctional facility where there was a pervasive culture of mistrust, only contributed to that position.
Participants reported that they had to take a significant risk to commence the process. Most stated that the ease of application and general staff support, particularly from the MOSP assisted them in taking the risk. Had the process required any further amount of information about the act of violence, participants suggested that they may not have followed through with the application.

Some participants stated that they had been told that counselling in gaol was not a good idea as it opened “Pandora’s Box” and that they would not be able to cope with the consequences. Many reported not attending counselling in the first instance as they believed this. Word of mouth from other inmates convinced them otherwise as they realised that the strategies provided during counselling helped with this and were applicable to other situations.

Linked with fear and anxiety was the fear of disclosure about what information the counsellor would share or disclose to other staff. Most inmates believed that information sharing among staff occurred regularly and was a common source of gossip. They stated that independence from CSNSW was what made the counsellor trustworthy. Even then, they stated that the trust had to be earned and they used the first few sessions to determine if “things got back” to them.

From a more personal perspective, participants stated that they were fearful of “losing control” of such a personal issue. For many of the participants, the loss of power was a contributing factor in becoming a “victim”. They had no say in it and the choice was taken from them. Many felt that their trauma had defined them for so long that removing it may leave them empty. The thought of someone else taking that experience away from them was a barrier to engaging in counselling.

Participants also reported that there was a significant (formal) under-reporting of acts of violence towards them. Acts of violence, particularly sexual violence, were not reported due to self-blame, guilt and shame, and there is still some reluctance to report it. Males specifically do not report and the men who participated in the interviews reported that it is closely linked to shame and fears about their sexual identity. The issues associated with men and sex in prisons does nothing to assist with this and creates its own state of trauma.

Participants also stated that they learn not to report trauma related issues, either in or out of custody due to the potential negative consequences. The fears of being treated differently or labelled outweigh the need to seek help. Further discussions related that the fear of disclosure was linked to a fear of being perceived as vulnerable. Also by not reporting there was a perceived sense of autonomy and less power and control by correctional staff during the custodial period. For some, previous experiences with mental health in a child protection context made sure they did not report issues in the future. A further exploration of this would be useful as inmates did not elaborate on childhood experiences.

The final issue raised, was in relation to expectations. Many participants raised the issue of managing their own expectations of counselling. For the most part there was a certain apprehension in engaging in victim focused counselling as they had “accepted” the label of offender, which had come to define them. Most thought that they would be judged and seen as hypocritical by engaging in something that was victim focused. Others expressed the view that they had been in therapy before and it had not helped at all; but when clarified, the “therapy” was usually related to psychological interview for criminal activity and not prior victimisation. Overall the pervading fear that nothing could help was allayed, to some extent, by peers and staff.
7.4 Perceptions of counselling – During counselling

This section presents an organised account of key themes that emerged throughout the interviews when discussing specific experiences during the counselling process. Understandably each of the narratives provided diverse ideas and opinions, however using a thematic analysis approach shared concepts have been drawn out under defined headings. The headings are in no particular order and merely assists with the collation of shared ideas.

7.4.1 Emotional regulation

A common theme expressed by many of the interviewees relates to their own perceptions of emotional regulation. Many report long-term negative experiences, often stemming back to childhood, in which they were unable to control or regulate their emotional responses to specific events. Specific examples were provided whereby “normal” events, such as seeing two other people arguing, provoked heightened emotional responses in them. Many of them stated that they would often react in an emotionally exaggerated manner citing bursts of anger, crying, accusing, passive-aggressive behaviours, or creation of chaos or conflict. They stated that during counselling they were identifying these triggers and working on activities and ways of controlling them. Secondly, they were also able to work therapeutically on where these issues stemmed from and work through why these events had such an effect on them.

Most participants reported that they felt much calmer and had multiple strategies for managing emotional deregulation. They believed that this would be evident in terms of people that knew them seeing a difference. Many discussed the longer-term applications of gaining control over their emotions and recognised the role that would play in returning to their families and the community. Others noted that looking at the links between prior victimisation and behaviour would assist when addressing their criminogenic needs.

Sometimes you just lose it, no rhyme or reason, you just go off.

I remember seeing an argument and having the panic just start... it wasn’t a bad one but it put me on edge. I was moody and pretty agro the rest of the day.

Once I realised that I had a right to be angry about what happened, I realised I didn’t need to be angry anymore... but it took a lot of practice to stop.

Men noted that they were able to self-regulate much better and were aware of their emotional triggers, however it was not much use in prison. Linking to the next session on safety, they stated that their need not to appear vulnerable meant that they could not apply a lot of those strategies on a day-to-day basis. Women on the other hand stated that anyone who knew them could see a notable difference in their behaviours. The same issues experienced by men were not present and they took pride in achieving something that they worked on, made them feel more in control and that others would positively notice.

7.4.2 Safety

It is well recognised that any form of violent victimisation and the resulting trauma impacts on the individual’s perception of the world. This experience in turn, creates a unique concept of safety for the victim. This concept of safety can take many forms and impact physical, psychological, emotional and environmental safety. In terms of any therapeutic intervention, safety is critical to engaging with the client and exploring the nature of the trauma. Generally, for victims of a single trauma, the prior experiences
of safety are used to establish a starting point for engagement and the development of interventions. However, the pattern of multiple victimisation and development of complex trauma within the prison population makes this difficult.

The reported onset of victimisation for many of the participants occurs in early childhood and pre-supposes an “adult” concept of safety. For many participants, the notion of “safety” is a relative term as they have had few experiences where they felt truly safe. This presented significant implications for the counsellors in providing a therapeutic response.

From the interviews, there appears to be little solidarity between male inmates in terms of shared experiences of victimisations. Male inmates describe their prison experience as a constant struggle for control and dominance amongst other inmates. As such physical safety is paramount. There is a constant need, not only to be strong, but be seen as strong. On the surface, this appears to be a reflection of the stereo-typical reflections; the inmate’s perception of masculinity. However, the reality of the situation presented by the interviewees is more reflective of the circumstance that if men are perceived as weak then they become a target and as a result, become a victim. Being seen to attend “victim” focused counselling is a major barrier to participation, irrespective of how much men want or need to attend.

The majority of the women interviewed reflected on safety in an emotional and psychological capacity. The need for safety was clearly tied to a need for a psychological safe place in which to explore emotional vulnerability. For many of them, prison was the first physically safe place where their prior experiences of victimisation could be addressed. This was coupled with being in a single, stable environment for any length of time and being “respected” by the therapist.

They recognised that the concept of physical safety was temporary but shared the belief that they need somewhere safe to become psychologically more resilient. In contrast to their male counterparts, prison provided a physical safety that many have not experienced in their lives outside of prison. There was also more shared solidarity between female inmates in terms of acknowledgement of victimisation. Whilst there was still no overt sharing of the details, women were acutely aware of victimisation in other women and as a result less conflicted that other inmates knew they had been a victim.

7.4.3 Trust

An essential component of any relationship, particularly a therapeutic one, is trust. A lack of trust makes it difficult to form a healthy connection with anyone. Establishing a therapeutic alliance in which to start to unravel and begin to work towards healing from trauma is an essential to developing a pathway to recovery. Whilst this is true in that it applies to all relationships, participants have viewed trust as a multi layered concept which is probably
better described in terms of layers of mistrust rather than trust. Although trust is a complex expression, the levels of trust or mistrust expressed by participants can be categorised relatively simply, based on their current environment. This is normally friends and family, inmates, correctional staff and custodial staff and “others”.

Disclosing trauma is largely influenced by the extent and nature of the trauma, but more importantly, the extent of trust that the victim has in the person to whom they are reporting. There is a culture of mistrust in the correctional setting. Participants discussed the fact that one can only ever trust another person to a certain extent, and that this was based on bitter experience. It was expressed that they tell the psychologists one thing, the welfare officers other things and the correctional officers something else: all with small elements of truth, all similar in nature, but not every detail.

Wrapped in the notion of safety, participants see knowledge as power, and information as a commodity to be traded. With so many reporting prior histories of negative experiences with child protection or government agencies, they report having good reason not to trust people, especially if they are government employees. They cited experiences of childhood disclosures to a trusting teacher or family friend as resulting in removals, arrests, court experiences and so on. From then on, they began to see disclosures as a disloyalty, in other words, it would be “dobbing” on friends or relatives to authorities. Doing this would make them social outcasts in the family or community, and doing it in custody felt like exactly the same thing.

Other participants discussed acts of violence such as intimate partner violence or child abuse and indicated the breach of trust that came with these occurrences. It was suggested that when someone is in a position of trust who is supposed to love and protect the person but instead does horrific things to them, then they certainly cannot trust someone who is not in that position. Trust is something that most participants discussed working on in counselling but stated that there were limits to how well they could address it. Many believed that whilst there were some people they did trust in gaol, it would not be until they got back into the community that they could work on it properly.

7.4.4 Validation

A key issue that arose during interviews was validation of the trauma history reported by the participants. As mentioned previously, the labels that have been applied to them, particularly in their current circumstances are related to the offences they have committed, not the trauma that was inflicted. For many of the participants, a key process undertaken through counselling was normalising the experiences they went through. For many participants, it was the process of education that created ambivalence and provided a pathway to coming to terms with what occurred.

The issue of validation was important in that it created a process whereby the participant had a safe environment to explore the victimisation and resulting trauma and realise that what occurred was not acceptable,
nor would it ever be acceptable. Most reported that it took a great deal of education before they arrived at that point. It was also highlighted that the counsellor’s approach modelled the sort of respectful relationships that they were unused to. This was acknowledged as being possible as the counsellors were perceived as being independent of the “system” and that they were not seen as wanting something from the participants.

The length of time provided as part of counselling allowed participants to slowly work their way through the process without worrying about cost or time. It was reported that this allowed participants to truly see the counsellor’s attitudes towards what had occurred and provided a mechanism to applying this to other people in their lives. The counselling sessions allowed participants to work through self-blame and improve their own feelings of credibility when it came to the victimisation. This provided participants with improved self-esteem and confidence. Acknowledging what had happened was real; that it hurt and that it had longer term impacts on the participants and provided the ground work for working towards healing.

“\nIt was finally about what happened to me, not about what I did.

The counsellor was there for me, for my past, they didn’t judge... that was important... they didn’t judge me.

She didn’t trivialise what had happened, she didn’t compare it to anyone else, she allowed me to own my pain.”

7.4.5 Power and control

When the subject of control was discussed, it was most closely linked to the individual’s concept of safety. The participants reported that they did not truly feel in control of the counselling process until they felt safe. This is unsurprising when most participants stated that they have never disclosed the victimisation because “who would ever believe me?”

When discussing their experiences of victimisation, many participants remarked on the issues of power and control in their own situations. Many spoke about being powerless during the act of violence, and about surrendering control or having no control at all. Many reported feeling weak, guilty and ashamed that they did not fight back. They also spoke about how those feelings were mirrored in gaol, where they had limited choices, no control and overwhelming feelings of powerlessness. Some spoke about the transfer of power from the offender to the prison officers. They expressed how it only took one officer having a bad day to evoke the memories of their trauma and make them remember the same abuse of trust. They did not state that the officers abused them, rather that some of the circumstances, such as being locked up, having limited decisions or being told when to sleep, when to get up, or when to eat, mimicked previous abuse situations.

The inadvertent use of domineering commands, the directions rather than requests, isolating participants and using threats were all part of the abuse cycle, particularly those who had experienced intimate partner violence or domestic violence. These issues were commonly raised in counselling and strategies for coping with them provided. Much of the retraumatisation from these practices had to be overcome before the actual trauma from the victimisation could occur.
7.4.6 Disclosure

The issue of disclosure was raised a lot in a variety of contexts. In the first instance participants spoke about the process of having to remember what had happened as being particularly challenging. Repressing the trauma was common, particularly when the offender was a family member or partner. Many spoke about the need to repress so that they could get through the day. For many, the process of recovery was not an option and they simply did not believe that anyone could help. So they reported that if they did not think about it, then it could not affect them. However, as a result of counselling they reported positive changes in sleeping, eating and coping behaviours. Participants spoke about the relief of finally talking about it, giving it a name and having strategies for it to stop controlling them.

As stated earlier in this chapter, participants would sometimes only disclose small pieces of information at a time to the counsellor. Sometimes it was a test to see if they passed that information on. This was closely linked to issues of trust but also to one of perception. Participants who spoke about this stated that they wanted to see if the counsellor was judging them or not. Others had linked the disclosure to feelings of shame and guilt and needed time to fully reveal what had occurred. Some participants spoke about disclosure as a staged process to assist them in their recovery.

They stated that they needed the time between the disclosures to resolve some of the issues and be strong enough to deal with what lay ahead. For many the process of disclosure is an ongoing one, simply because of the extent of their trauma histories.

Disclosure was similar for men and women with no real deviation in the process reported. For all of them, the disclosure was an exploration of the trauma, rectifying what actually happened with their memories of why it happened. The participants spoke about the need for full disclosure to occur before they were able to fully understand the impact the trauma had on them and the effects that it was continuing to have on them. This is when the male and female participants differed.

From the women interviewed, disclosure was closely linked to their own concepts of self-esteem. They also appeared to be more articulate than men in reflecting on their experiences and linking it with current circumstances, particularly emotional regulation. Men on the other hand linked disclosure with shame and a fear of being labelled. Some

I was nothing, no-one, how could anyone believe me?

There are few choices to make in gaol. The choice of being a victim wasn’t mine to make. At least the choice of addressing it is mine.

If I tell them I was sexually abused as a kid, they will automatically think that it turned me into a paedophile.

What happened changed me, but I pushed in down and out of sight. But it made me angry, I was always angry.

You don’t tell... you don’t want people thinking you are damaged. I even hid it from my kids and now they live with him while I am stuck here.
acknowledged child sexual abuse occurring and were more fearful of issues around their own sexuality and being gay than anything else. They were also less likely to link past traumas with current behaviours and on the whole did not believe that they were connected.

7.5 Perceptions of counselling – Post counselling

During counselling many of the participants described their discussions of angry or avoidant responses to the past victimisation. Fears or memories of those events often intruded in their lives and triggered angry or avoidant responses. Due to their age when the victimisation occurred, some reported significant experiences across the lifespan, in feeling shame and guilt about the event and expressed revenge and retribution ideations. Participants stated that the ability to deal with those issues, specifically in a therapeutic space, without fear that it would be misinterpreted in relation to their offending was a significant psychological shift for them. It also helped alleviate those fantasies and provide practical strategies to dealing with the trauma and improving their self-concept.

Most participants specifically reported having to deal with feelings of shame and guilt during the counselling process. Once safety had been established between them and the counsellor, they were clear that counselling assisted in distinguishing between the two feelings. As many participants reported the commencement of victimisation in childhood, they carried with them specific feelings of guilt about the event. Most had not sought or been offered help to resolve the victimisation and so guilt became the overriding emotion, compounded by shame. Despite the simplicity of the concept of assigning guilt to the offender and managing the shame they felt, many reported struggling to overcome this.

Participants were consistent in their statements that they realised the shame they felt arose mainly from a sense of powerlessness and frustration directly stemming from the victimisation. It was interesting to note that despite the consistency in participant’s statements, women struggled more to overcome the sense of guilt whilst their male counterparts struggled more with the shame of what had happened to them. Both were consistent in that discussing the issues of shame made them feel that there was something wrong with them, instead of something had happened to them. The opportunity to break the silence and talk about this issue in a safe and non-judgemental environment made the process of overcoming these feelings easier. Most participants stated they could not have done this alone.

Finally the last key theme arising from this section was around the issues of isolation and rejection. Both concepts were linked by the participants who discussed the issue and many stated that the rejection arose directly from the isolation. The concept of isolation was not described in physical terms as much as psychological terms. For many of the participants, the victimisation was a burden that they carried in secret. The isolation that came from this secrecy was compounded by the fact that other people did not share this abuse and were oblivious to what had occurred. Anger and avoidance were the most common coping mechanism to deal with other people leading normal lives whilst they were effectively damaged.

7.6 Perceptions and views about the counsellor

Most studies relating to the effectiveness of counselling indicate that the client’s perception of the client-counsellor relationship is the most reliable predictor of the success of any therapy. Participants in this program indicated that the quality of the relationship with their counsellor was the primary reason for engaging in counselling as well as the motivator for remaining in counselling. Participants referred to the development of trust and confidential relationship with the counsellor as being extremely important, but something that took time due to a “normal” inmate culture of mistrust. Additionally, the counsellor needed the ability to remain faithful to a trauma focused therapy yet balance the participant’s needs (and preferences) for a particular style of counselling. Much of the time this approach was important due to the prison environment and the techniques used need significant amendment from those in a community setting.
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The participants acknowledged that they needed a counsellor who was focused on them, addressed their issues, and placed their needs first. They acknowledged the work undertaken by psychologists and other counsellors in the correctional system but believe that their offending behaviours were always at the core of any help offered. They wanted someone who understood them, understood their experiences and were able to effectively and productively overcome their trauma issues. Participants also believed that the counsellor should have experience of working with people in custody, and that they should be able to understand the operational and cultural context of prisons. This includes an understanding of the demands of routine and classification.

There was also the concern raised that not all counsellors are the same. Many of the participants have had more than one counsellor who had different experiences and abilities. Some were more specialised in sexual assault than domestic violence and this was demonstrated by their methods. Participants reflected that if they were in the community, they would be able to seek someone with a particular expertise, whereas in prison they are limited in their choices. The lack of power in something as simple but as important as choosing a counsellor was out of their hands. However they stated that the lack of control was something they were used to.

7.7 Summary

Overall, the participants present with some unique issues that non-offending participants experience. Subcultures within the gaol, such as those related to trust and confidentiality impact on help seeking behaviours and engaging with counselling processes. Factors, such as those connected with power and control are again raised as issues related to retraumatisation or institutional trauma. These factors are significant when it comes to recovery and would be reasonably expected to slow down the recovery process.

Other factors, such as shame, guilt and self-esteem are consistent with experiences of victims all over the world. They are perhaps amplified in the prison setting and given the relatively complex trauma histories that this population present with, affect the rate of recovery. What is clear however is the fact that there is hope of recovery and that the participants testify to their own experiences of recovery, however slow.
Chapter Eight
Stakeholders perceptions and experiences of the counselling service

With the exception of counsellors, key stakeholders are not part of the actual counselling process, yet remain firmly part of the daily experiences of the inmates participating in the process. Often they provide differing perspectives of the inmates’ daily living experiences, their general functioning and overall needs. The perspectives of these stakeholders provide valuable insight into the effectiveness of counselling and how changes, if any, are implemented by the inmates.

Again, the nature of the comments are subjective and have been grouped together as themes, they do not represent individual comments or beliefs. They need to be considered as part of the overall evaluation and how they contribute to informing outcomes for participants. As with the previous section, a range of perceptions and experiences were sought in regard to the effectiveness of the counselling service.

8.1 Correctional officers

Correctional Officers attended as a group and presented as being well informed and supportive of the counselling service, as well as other programs within the correctional centre. In terms of the need for the program, the vast majority saw the counselling service as useful and relevant to a number of inmates. This leads to the identification of the first real theme to arise and was in relation to their professional role within the correctional centre where they were located.

First and foremost, correctional centres are secure facilities which house people convicted or charged with criminal activities. As such, officers saw their primary role as ensuring law and order in line with relevant policies and procedures. Officers stated that they see their role as supervising the behaviour of inmates as well as overseeing more general activities within the correctional centre, but within the defined structure of the centre’s routines. As a result of this role, their interaction with inmates was perceived as limiting but necessary in discharging their duties. They acknowledged the need to respond to a range of the inmates’ needs but mainly in the referral to more specialised services, such as provided by the psychologist, chaplain or welfare officers. Some expressed a desire or at least a more in-depth interest in supporting inmates, but these officers were in the minority. The overall role in relation to the counselling service was: making inmates aware of the service; ensuring inmates attended counselling; supervising inmates and the counsellor during counselling; and, making other referrals as required.

Next, there was an overarching gender specific theme in terms of which clients should get access to the service and why. Although the need for the service was acknowledged, where the commonly held perceptions began to diverge was in relation to male and female inmates. There was a chivalry factor discussed where most officers thought that women not only needed, but should get access to the service because they were aware of the broad statistics of violence against women. The opinion was also expressed that they thought that women deserved a chance of healing because they had other roles in the community as wives, mothers, sisters and support persons. Men were not considered in the same way and whilst some individuals were acknowledged as requiring assistance, the general perceptions about male inmates were limited to their current status as offenders and inmates. The same information about prior male victimisation, especially childhood victimisation was not readily available and officers found it hard to link male inmates with being prior victims.
When questioned further, they stated that it was hard to see past the person that they presented on a day to day basis and as a result it was challenging to see many of them as anything but inmates.

Safety was another key theme raised by correctional officers. They saw their role as being responsible for the overall safe management of the corrections centre, which included ensuring the safety of inmates, other staff and themselves. As such, a high degree of objectivity was required to ensure that this practice was perceived as fair and equal amongst inmates. However they acknowledged that this role often made inmates oppositional as it imposed a strict set of behavioural obligations and restrictions on the inmates. This often meant that the role was a barrier to more engagement with inmates. Officers also expressed the view that the more structure that is in place and the busier that the inmates are, then the safer the prison environment is as a whole. As such, the more programs and services that can be offered to inmates, the better off the environment is as a whole, however programs must be completed within the confines of the correctional routines.

The officers described some of the inmates that attended counselling as being unstable, highly emotional, angry, and having high conflict personalities. In keeping with this, some officers reported that it was usual for inmates to come out of counselling and experience flashbacks or dissociation. On exploration of this theme, it was not evident that those officers fully understood these terms. The symptoms and behaviours reported were normal for someone having gone through a particular emotional experience and having to process it. This is consistent with experiences reported by inmates, where they believe that their actions following counselling are misinterpreted and “risk managed” rather than understood. Assisting staff to become more trauma informed may reduce the risk of this occurring again.

Some officers acknowledged that the prison environment doesn’t take into consideration the need for safe places where inmates can “emotionally unload”. Realistic safety and security concerns of self-harm and suicidality of inmates, mean that a risk management approach is taken when inmates express such a need. However, inmates (in particular males) believe that this is counterproductive to the healing process and is more of a cause of retraumatisation. There were also concerns about inmates who would engage with the service to try and manipulate the system. One inmate had already applied for counselling and told officers that it was a means to getting a “one out” cell. Officers trust that clinicians would pick up on this but state that they see a very different side of inmates than programs or clinical staff.

There was a broad acknowledgement that inmates who participated in the counselling service did display some positive changes in behaviours. It was also mentioned that these behaviours were further improved where the inmate had seen the counsellor and the psychologist. It was thought that this was part of an overarching clinical approach to addressing a range of issues which saw improvements in the inmates. Some anecdotal stories were offered in relation to personal experiences with inmates’ changes in behaviours. Officers commented that when the service was
first discussed, they expected a range of acting out behaviours and for the inmate behaviours to substantially worsen. They were surprised but gratified when they didn’t. They expressed that with more education and a broader range of services in place, it is possible that overall behaviours would improve, providing them with improved workplaces.

8.2 Programs staff

To capture a broad range of issues, the programs staff component incorporates services and programs, chaplaincy and psychology. Whilst each group have very specific views, separating them may provide limited perspectives as well as potentially identifying participants.

In terms of overall support for the service, program staff supported its continued operation and determined a clear need for it. However in moving forward with the program or any expansion, they highlighted a lack of cohesion in ensuring the service fitted together with other programs to provide a continuum of service for inmates. A more structured collaborative approach was recommended to ensure that any therapeutic plan developed was completed in a more structured way in order to ensure inmates had clearly defined goals, outcomes and ways to achieve them. It would also assist with planning long term therapeutic planning and allow for clinicians to discuss options, approaches and share vital information constructively.

Programs staff identified some key themes, commencing with gender specific issues as they related to the counselling service. The first issue being that they believe that women have more “obvious” physiological reactions than men following trauma and as a result require more interventions. When exploring this perspective, staff expressed the belief that women become more dependent on the counsellor than is “healthy”. An example of this was provided in the context of when there was no access to the counsellor. It was reported that some women would refuse work, were not sleeping, changed their eating behaviours or even became hysterical. In the early stages of commencing counselling, women were reported to initially “withdraw into themselves” until they were fully engaged, then they became stronger.

As a counterpoint, it was reported that men appeared to handle the therapy in a much better way and were able to return back to normal with no observable issues. There also seemed to be less trauma related issues expressed by men and more behavioural issues related to offending, such as anger, hostility and non-compliance. Male inmates were considered in need of the program but less so than females. Discussions highlighted that much of the trauma history of males was hidden and unlikely to be disclosed. Some staff were aware of historic or childhood trauma but acutely aware that those men did not want to accept the assistance to resolve them.

It was also discussed that males may participate more if the service is rebranded to avoid stigmatisation with the victim label. Men do use the SAPO’s to debrief more generally and have expressed concerns more broadly. They have emphasised the need to rebrand the counselling service to allow men to better engage safely. It was also thought that this “rebranding” would also be important for engaging with Aboriginal men who would be reluctant to disclose their trauma histories with government agencies in general because of past contact. Programs staff suggested that engaging with community groups initially would be a good source of information and assist in building pathways for Aboriginal inmates in general. The trust required to engage with this particular group would rely on the support provided by the community itself.

There was also a perception expressed that inmates who have a trauma history lack the adequate mental strength to cope or manage the issues that arise during the course of counselling. It was believed that this cohort do not have the resources and ability to process the range of emotions or reactions that arise during therapy. With that in mind one could suggest that it was better not to provide any treatment for their “own safety and...
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wellbeing”. This was expressed by a few staff but not supported overall. It was linked with issues of safety however it was directly related to psychological or emotional safety rather than physical safety. Although some programs staff expressed concerns that correctional centres were typically unsafe environments for any clinical work that tries to address trauma, they saw that the potential benefits of implementing trauma-specific interventions may be substantial. Many were of the opinion that being in custody provided some inmates with the first stability they have had in years. With that in mind it was a perfect opportunity to provide a service that they would not normally seek out in which they could resolve some long term issues in a safe environment.

Staff also expressed the concerns that the Royal Commission into Institutional Child Abuse raised some issues amongst inmates generally. Whilst they were aware that the psychologists treated some clients, they were aware that their workloads and priorities prevented more people from accessing the service. They also commented on the inmates’ general mistrust of correctional staff although conceded that they did trust the psychologists more than some other staff. A more independent service can bridge the gap in existing services and importantly can assist inmates in addressing some very real and very serious histories of abuse. For that reason alone the service was perceived as valuable.

Programs staff did express concerns that no matter how successful the counselling service was, there was still uncertainty as to what was next. For some inmates who had completed counselling, they were able to resolve the trauma on an individual level but not on a social level. A more structured approach to victimisation would be a better solution than simply individual counselling. A form of psycho-education would provide an opportunity to educate inmates on what trauma and victimisation is, how it can affect them, and what they can do about it. Counselling could help address individual concerns and work through some of their trauma. Groupwork would also assist in socialising and sharing opportunities to build resilience. It was acknowledged that counselling is not for everyone but a suite of options would assist in engaging more people. However, this needs to be provided in a structured manner in which programs staff, clinicians and counsellors can determine a single therapeutic plan to engage inmates in programs and services at different points in time.

The last key theme discussed was the decision of when to engage inmates in offending based programs as opposed to victim focused ones. The need to address offending behaviours is fairly straightforward but if better outcomes can be achieved following victim focused counselling, participants thought that would be preferred. However, since there is no screening process in place, staff need to wait until disclosures are made before they can refer an inmate to another program. It is also hard to stop engagement in an offending program once started and inmates are fearful of withdrawing in case it negatively affects things like parole. Inmates concurred with the point that psychologists do address prior
trauma histories when they can. However there is no real mandate to do this in offending based programs as the emphasis is on general mental health and assisting in addressing criminogenic needs. Psychologists are very experienced, especially when it comes to addressing environmental issues that arise or when crises emerge. However, they acknowledged that the length of time required to really address trauma histories makes it unrealistic for psychologists to do so in these programs.

8.3 Approved Counsellors

The Approved Counsellors provide services to victims of crime in the community as well as to inmates in custody. The first main theme that arose was in relation to the nature of the inmates’ trauma history. Anecdotally, the trauma experienced by inmates is complex, enduring, largely unresolved, and with issues of multiple victimisation pervading the entire lifespan. There is no comparison to the community based clients who are also seen by the counsellors. For many inmates who had experienced long term abuse, they commenced life in custody in a constant state of anxiety with both physical and psychological symptoms. In discussion with inmates and staff alike, there is increasing anecdotal evidence to suggest that behaviours and symptoms were misdiagnosed or undiagnosed. Many presented with traits of complex trauma but had been diagnosed as borderline PTSD. Others had their symptoms reduced to criminogenic needs rather than trauma-related diagnoses.

Since childhood physical and sexual abuse is associated both with institutional difficulties and a low level of program engagement, prisoners may have difficulty benefiting from even the most effective cognitive-behavioural rehabilitation programming until the impact of childhood trauma is addressed. Counsellors spoke to inmates about their ability to engage in programs generally and about their daily functioning. They reported that should inmates engage in any form of programs about offending, the outcomes would be limited due to the amount of unresolved trauma. The result of child abuse in general had distorted their view of the world and severely interrupted their decision making capacity. More of a concern was that male inmates were unable to make the connection between past abuse, decision making and offending. Whilst it was acknowledged that counselling would not solve everything, it would at least provide a much better opportunity to engage in discussion around their offending behaviour when they had begun to address their history of past traumas and the connection with offending.

Counsellors were made aware that for men, the whole concept of counselling was not seen as safe. Men stated upfront that if other male inmates were aware that they were attending victims counselling, then they would become a target. Hence officers’ announcement of the inmates name and that they had to attend victims counselling over the loud speaker was unhelpful. They were also aware that there were issues of physical safety involved when inmates targeted participants because they were perceived as weak. Men as a rule expressed the inability to fully process emotions or outcomes from therapy because they had to be something else back in the units. This interfered with their progression of long term recovery. Unlike women who had a general camaraderie and acknowledgement of past trauma, men were solitary and isolated.

Trust was a key theme raised by Approved Counsellors and they reiterated that the therapeutic alliance was built on trust and took time to establish. They acknowledged gender differences in that men rarely build up full trust and that women often test the trust by deliberately disclosing information to see if it was reported back to staff and other inmates. They are seen as more independent than correctional staff and as a result receive far more information about past traumas than those other occupational groups.

Approved Counsellors would also like to have some form of integrated approach in regards to delivering therapeutic services. They described the psychologists as receptive and supportive but extremely busy. A single form of therapeutic management would allow not only information
but skills and experiences to be shared. It would also provide a forum to discuss individuals, share concerns and plan for the future of the clients.

There were concerns that inmates reported that some staff are seen as pushing the service too strongly. It was however acknowledged that the client would greatly benefit from counselling and that they were suspicious of the staff’s motivation for referring them. They are under the belief that they have to attend counselling or they will be reclassified or negatively affected by parole if they do not attend. Despite admitting that staff are clear that it will not affect them if they do not attend counselling, the environment is such that they do not believe it. Inmates also have the expectation that counselling is a program to finish rather than a service to access. Counsellors believe some general psycho-education up front would assist in resolving this as well as improving engagement with counselling. It would provide a platform to ask questions of the counsellor and discover what counselling really had to offer.

Counsellors see a different side of the client to correctional staff as they only see them weekly, and are more easily able to observe behavioural changes. They report seeing changes in frustration, depression, anger and anxiety. They have stated that it is not only counselling but also the work undertaken by the programs that staff has contributed to this. The subtle shift in organisational culture has taken on more traits of trauma informed practice and staff generally are seeing the benefits of this shift. Whilst they are aware that it is a prison first and everything else comes second, correctional officers are better at identifying trauma related behaviours rather than seeing them as misbehaviours and referring pre-existing clients to counselling as needed. More work is required in this area but there are already positive benefits which are visible. The changes in self-confidence and self-esteem, particularly from female inmates, are noticeable and they have reported improved relationships with staff, although the overall relationship will be defined by the role of officer and inmate.

### 8.4 Summary

Overall the themes presented by the stakeholders align with views of inmates. There are some practical changes that should occur to provide improved outcomes but there are no real barriers to achieving this, as it is requested by all stakeholders. Most structured information sharing forums would greatly assist in resolving these issues.

The issue of becoming more trauma informed was raised again and supported through anecdotal evidence of where staff are already implementing some of these approaches without acknowledging them as being trauma informed.

The issue of service delivery would benefit from a change in programs. A more structured approach of counsellors delivering psycho-education around trauma would assist in engaging inmates in counselling. Other types of group work would provide an alternative to counselling but could also be used in parallel with counselling. More thought will be given to options for engaging male inmates and Victims Services can work with CSNSW to determine the best approach for doing this through existing networks.

Overall there are no major barriers to offering counselling in prisons from a stakeholder’s perspective and there appear to be some significant outcomes from the service. Any challenges are internal in nature and can be overcome with some clearly defined and agreed upon guidelines and processes.
Conclusion

The evaluation of the Victims Services and CSNSW joint counselling in prisons trial provides insight into:

- the type of inmates who took part in the trial;
- the victimisation and subsequent trauma experienced by participants;
- experience of counselling in prison from both the participants’ and stakeholders’ point of view;
- the impact of counselling; and
- other logistical points in terms of running the pilot.

In terms of the types of inmates participating in the trial, general points drawn from the literature about inmates’ prior histories of victimisation were confirmed in this study, that is, prior histories of victimisation are often severe and unreported, which leads to the presence of complex trauma symptoms, which in turn are left largely untreated. Some of the main themes outlined in the literature were also prevalent in the evaluation and can be summarised as follows:

- The perception of safety, both physical and psychological, was reported as fundamental to the successful engagement and participation of inmates. As many victims struggle with the ability to feel safe after victimisation, this manifests in their concept of self, their relationships and their environment.
- Trust was a key theme and highlighted through trauma histories peppered with experiences of betrayal. As a result trust and the therapeutic alliance are slow to develop. The perception of the counselling program as being independent of CSNSW was credited as a major process in establishing trust. This was seen as being facilitated jointly by inmate and counsellor, through the sharing of power, information and boundaries.
- Linked with trust as a key theme, was the establishment of levels of confidentiality in counselling sessions that was perceived not to be in place in other programs. This confidentiality was often tested by inmates to see what information was shared and as a result, determine how confidential the sessions really were.
- The individual choice to participate in a program that inmates were not directed to attend and was dedicated to what happened to them, not about what they did, was another key theme. It matched the literature’s recommendations that consent and control are important factors for victims who had that control and consent taken from them when they became victims.
- The dynamics of power and the abuse of that power in previous relationships was recognised and actively addressed in counselling. Inmates, particularly female inmates, highlighted that previous abuse of power connected to the victimisation, not only characterised current relationships but affected professional relationships with CSNSW staff.
- Many inmates reported a current sensation of being out of control in terms of emotional regulation. They often present at their most distressed and vulnerable, and are easily triggered and struggle to regulate those emotions. Working on that sense of control in counselling enables them to better manage their emotions.

The feedback from service providers (Victims Services, CSNSW and professional staff) and service users in relation to the counselling program was overwhelmingly positive, endorsing the value of the program for inmates who have experienced prior victimisation. There is evidently a collaborative working relationship between professional groups within CSNSW and Victims Services.
Examining the counselling trial in more detail, the program itself was found to be highly successful in relation to the formal objectives and intended outcomes. Both key stakeholders and service users recognised the impact that counselling had on individual inmates as well as some staff. Consistent with the service providers, service users expressed a high level of appreciation for the counselling program, especially in relation to: emotional regulation, addressing prior trauma and working through events rather than repressing them.

In terms of inmate engagement, there were inmates who were apprehensive about attending counselling. However it appears that the most effective strategy for engagement in counselling came about through ‘word of mouth’, which encouraged them to participate. There were some main additional barriers that needed to be overcome in order for counselling to be effective, such as trust and confidentiality of counselling sessions, impact on help seeking behaviours, and engagement with the counselling processes.

Supplementing the qualitative information provided in interviews, an analysis of pre and post counselling showed a reduction in the level of severity scores for depression, anxiety and stress. The reduction was significant and did not differ by age, gender, Aboriginal and/or Torres Strait Islander status, or offence type. There was however, a slight difference in the level of improvement across the three measures.

The main criticism of the trial, if it could be described as such, was that it needs to be better promoted for inmates along with some further psycho-education as to what victimisation actually means. The safety concerns expressed by male inmates mean that the program needs to be revised to consider how to engage this group more broadly without the fear of a loss of safety. The trial also indicated that a more culturally specific psycho-education program be undertaken with Aboriginal men, to improve engagement rates within this population.

Some gaps in the data sources to carry out this evaluation, according to the research design, indicate that not all incidents of self-harm or suicidal ideation are reported by inmates. The fear of being labelled and separated is a genuine concern that inmates believe can result in transfer, impact on parole or place them at risk to other inmates. Better screening at the outset may indicate the presence of trauma and allow earlier engagement and the development of a more robust mental health plan. Overall, the qualitative information received from service users and service providers was of a depth and quality that may be used to inform service directions and to improve longer term evaluation processes.

Overall, there were no major barriers to extending the service to other correctional centres that indicated the need for the service or the willingness to offer it as part of their compendium of programs.
Recommendations

The evaluation offers recommendations connected to this study based on data analysis, interview findings, and interpretations. Recommendations include:

► Victims Services – Process
► Victims Services – Programs
► Corrective Services NSW – Programs
► Corrective Services NSW – Staff professional development

The evaluation also offers professional recommendations based on the researchers being immersed in the study, the researcher’s professional judgement, previous professional experience, and interaction with the inmates and professional staff in this study.

Victims Services – Process
► When applications are received from the prisons, the administration process should be amended to reflect the following process:
  ● Approvals to participate in the service is provided by the MOSP as part of the application process, rather than as a separate process.
  ● Victims Services to consider approving 22 hours of counselling in the first instance to avoid delays in accessing counselling.
  ● Notification of approval by Victims Services will be provided to the MOSP and psychologist simultaneously.
  ● Timing of the reports from Approved Counsellors to be changed in order to account for correctional specific processes. This means the consideration of the following changes to:
    – Initial reports at four hours instead of at two hours
    – Progress reports at 16 hours instead of 12 hours.
► Outcome reports: Victims Services to develop an Outcome Report for completion at conclusion of counselling to assist CSNSW planning and future service provision.

Victims Services – Programs
► Improve the process of developing referral pathways for certain groups, such as male inmates. The safety concerns expressed by men being perceived as ‘victims’ raise real issues in encouraging participation. Alternative strategies should be developed and provided to CSNSW for consideration.
► Victims Services to work with CSNSW and community groups to determine the best approach for engaging male Aboriginal inmates using existing networks. The current over representation and research indicates that this is a group that can benefit from the counselling program but are reluctant to engage in it. Specific cultural responses may be required for consideration by both Victims Services and CSNSW.
► Victims Services should develop a proposal to implement a more structured approach of counsellors delivering psycho-education around trauma prior to engaging inmates in face to face individual counselling.
► Victims Services to consider more formal processes to provide a continuum of services between prison and the community, in particular Community Corrections.
Corrective Services NSW – Programs

► CSNSW should consider the phased rollout of the counselling program to other correctional centres in NSW. The reported levels of trauma expressed by inmates as a result of victimisation indicate the need for some intervention to ameliorate these symptoms. Whilst professional staff do provide effective therapeutic interventions, the victimisation is often outside of their remit and may be in conflict with their role in a correctional environment. The counselling program then provides an opportunity to address these.

► CSNSW should consider the counselling program in the development of a formal single mental health plan, led by CSNSW. This would provide a more holistic approach for mental health professionals and keep them advised of the individual client needs. This would require planning and cooperation by those involved, such as CSNSW and Justice Health. This would need to be carefully managed to ensure the inmate’s privacy is not compromised but that a consolidated approach is devised to meet the inmate’s needs.

► CSNSW should foster increased awareness among all correctional staff members regarding the positive outcomes of the program and consider the possibility of more psycho-educational programs for inmates in terms of improving overall engagement.

Corrective Services NSW – Staff professional development

► Specific trauma informed training programs should be developed and delivered to improve staff awareness of trauma histories and what they mean for work practices. The principles of trauma informed care and practice are based on an understanding of the particular vulnerabilities and/or triggers that trauma survivors experience, and which traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive, effective and avoid retraumatisation.

Further recommendations

► Further research into this area would be beneficial if it were able to consider the linkages between addressing trauma and the impact, if any, on the willingness of individuals to address their criminogenic needs. The current evaluation certainly indicated much more self-awareness of inmates in regards to offending pathways in light of prior trauma and victimisation, and offending behaviours.

► As an expansion of this, consideration should also be given to possible screening tools that may be undertaken on entry to a correctional centre offering the program, and provide for a simpler referral pathway to the program.
### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Application</td>
<td>Victims Services Application for Approved Counselling which contains information about the victim and the act of violence.</td>
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<tr>
<td>Approved Counselling Service (ACS)</td>
<td>The counselling service provided by Victims Services to victims of violent crime in NSW.</td>
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<tr>
<td>Approved Counsellors</td>
<td>Counsellors who have a Deed of Agreement with the Commissioner of Victims Rights to provide counselling under the Approved Counselling Service.</td>
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<tr>
<td>Case file</td>
<td>The central electronic store of all information relating to a client of Victims Services.</td>
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<tr>
<td>Client</td>
<td>For the purposes of the report, a client is an inmate who has participated in victims focused counselling.</td>
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<tr>
<td>Complex trauma</td>
<td>This term describes the exposure to multiple or prolonged traumatic events and the impact of this exposure.</td>
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<tr>
<td>Confidential information</td>
<td>All information related to the content of counselling sessions and revealed in such sessions.</td>
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<tr>
<td>Correctional centre</td>
<td>This refers to Dillwynia Correctional Centre and Wellington Correctional Centre for the purposes of this report.</td>
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<td>CSNSW</td>
<td>Corrective Services NSW</td>
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<td>DASS</td>
<td>Depression Anxiety Stress Scale – is a set of three scales used to measure participants’ level of depression, anxiety and stress levels.</td>
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<td>Eligible inmates</td>
<td>Those inmates who have been injured as a consequence of being a victim of crime prior to entering the correctional centre. They may be a primary victim of interpersonal violence or a secondary victim who witnessed violence or they are the parent of a primary victim who is under the age of 18 years or they are a family member of a victim of homicide.</td>
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<td>Informed consent</td>
<td>Means the inmate has given written consent for any exchange of information in relation to counselling to the relevant agencies.</td>
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<tr>
<td>Justice Health</td>
<td>This government agency provides health services to those in contact with the forensic mental health system and NSW criminal justice system.</td>
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<td>MOSP</td>
<td>Manager Offender Services and Programs, CSNSW</td>
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<td>Neglect</td>
<td>The absence of adequate caregiving during childhood.</td>
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<td>OIMS</td>
<td>Offender Integrated Management System – a database used by CSNSW</td>
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<td>One-out cell</td>
<td>One person to a cell.</td>
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<tr>
<td>Operational date</td>
<td>The commencement date of the trial.</td>
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<tr>
<td>Programs</td>
<td>This refers to the Offender Programs Unit at CSNSW which manages a suite of offender rehabilitation programs.</td>
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<td>Term</td>
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<td>Psychological services</td>
<td>Services provided by psychologists within CSNSW.</td>
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<tr>
<td>RIT Cell</td>
<td>The Risk Intervention Team protocol is used as a strategy for managing suicide and self-harm in prisons. If an inmate is suspected as being at risk of harm then they are placed in a safe cell.</td>
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<tr>
<td>Stakeholder</td>
<td>A stakeholder is any individual or organisation that comes into contact with Victims Services that is not the victim of a violent crime.</td>
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<td>SAPO</td>
<td>Support and Programs Officers, CSNSW</td>
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<td>Transitional Centres</td>
<td>This is a minimum security, community-based facility in which an offender is placed while they are still serving their sentence in preparation for their release.</td>
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<td>Trauma</td>
<td>This refers to the emotional and physical responses that occur from exposure to a distressing or disturbing experience.</td>
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<td>Two-out cell</td>
<td>Two people to a cell.</td>
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<tr>
<td>TRQ</td>
<td>Treatment Readiness Questionnaire – this is a 40-item self-report questionnaire that assesses readiness to participate in and engage with a training program.</td>
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<tr>
<td>Vicarious Trauma</td>
<td>This term describes the transformative effect on the helper that results from empathetic engagement of working with survivors of traumatic events.</td>
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<td>Warm referral</td>
<td>This involves proactively contacting a service on the client’s behalf and may also involve writing a report on the client’s needs.</td>
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Notes

1 ‘Disclosed’ means that participants discussed a second act of violence in counselling sessions which was recorded by the counsellor, or that they discussed an act of violence other than the act of violence for which counselling was assigned at the interview with the researcher.

2 A Chi-square test for independence (with a Fisher’s Exact Test correction) indicated that there was a significant difference between multiple acts of violence as an adult and gender, df=1, p=.00.

3 Please note that these numbers are based on disclosure and may not fully represent actual occurrences.

4 Ninety participants did not report multiple acts of violence as a child, and information is unknown for 11 participants.

5 A paired-samples t-test was conducted to evaluate the impact of counselling on participants’ scores for each of the three measures. There was a statistically significant decrease in scores for depression from pre (M= 38.3, SD= 3.5) to post (M= 14.9, SD= 4.1), t (231) = 62.9, p=.00. There was a statistically significant decrease in scores for anxiety from pre (M= 38.5, SD= 3.9) to post (M= 15.6, SD= 4.3), t (231) = 56.7, p=.00. There was a statistically significant decrease in scores for stress from pre (M= 38.2, SD= 4.0) to post (M= 16.0, SD= 4.1), t (231) = 57.4, p=.00.

6 The severity categories are used to measure scores against the population, for example ‘mild’ refers to scores which puts the participant above the mean of the population but well below the severity scores of individuals who would typically receive help in the area.

7 Data in Figures 4, 5 and 6 is missing for three individuals.
An evaluation of the counselling in prison trial
References


