RESULTS OF CAEFS SURVEY
MENTAL HEALTH SERVICES: ELIZABETH FRY SOCIETIES

Prepared by Shoshana Pollack, MSW, Ph.D., for The Canadian Association of Elizabeth Fry Societies

SUMMARY

Results of this survey suggest that Elizabeth Fry societies provide a wide array of services to women in jails/prisons, on parole, and to those women considered 'at risk' of becoming in conflict with the law. These services include advocacy, support, housing and practical assistance as well as, where resources are available, the provision of individual and/or group counselling to meet women's mental health needs. Most agencies do not have the resources to provide intensive counselling for women with mental health needs. However, agencies report some difficulties in referring women to other community resources due to lack of specialized training/understanding of mental health issues specific to this population, funding cuts to mental health/social services in general, long waiting lists for therapeutic counselling, and an unwillingness to accept women with criminal justice histories, developmental disabilities and/or dual diagnoses. Recommendations stemming from this study include the development of longer term mental health services in order that Elizabeth Fry Societies may provide therapeutic services specific to the population with whom they work and the establishment of peer support programming/services.

The Mental Health Survey of Elizabeth Fry Societies

This telephone survey was conducted by the Canadian Association of Elizabeth Fry Societies (CAEFS) for the purpose of gaining an overview of the types of mental health services provided by the member agencies and the community referrals used by Elizabeth Fry to address women's mental health needs. The survey was developed, in consultation with CAEFS, by Dr. Shoshana Pollack, Faculty of Social Work, Wilfrid Laurier University, and was administered by a Master's of Social Work student at Wilfrid Laurier University. The survey was completed by 22 of the 24 Elizabeth Fry Societies between July 3, 2002 - August 14, 2002. Funding for this research was provided by the Voluntary Sector Initiative Program.

INFORMATION ABOUT ELIZABETH FRY SERVICE PROVISION

Institutional Services

Of the 22 agencies that responded to the survey, 20 provide services to women in jails and/or prisons. Two agencies reported having no women's prison in their area with whom to provide services. Twenty agencies stated that their work in women's prisons/jails involved advocacy, 18 said it also involved release planning, 16 said they provided individual support, and 12 provided group programming (to address issues such as

shoplifting, substance abuse, anger management) in institutions. Additional institutional services identified by Elizabeth Frys include segregation and/or range visits, mother child support/programming, employment preparation, community assessments, parole hearings, legal/court support, recreation, crisis management, friendly visits, ETA's, and providing supplies/clothing.

Community Services

Twelve agencies have residential beds (such as halfway or transition houses) in the community available to women released from jail/prison and some provide beds for women 'at risk' of criminal justice involvement and/or who have mental health problems. The Atlantic region noted that, although there are a few beds for women available through other agencies, the absence of halfway houses run by Elizabeth Fry is problematic for women released from prison. Other community services provided by Elizabeth Fry agencies include private home placements, Aboriginal programs and healing circles, employment programs, literacy programs, parenting groups, clothing and food banks, parole supervision, advocacy, diversion programs, practical assistance (transportation, information provision), peer support groups, and court support.

The primary issue Elizabeth Fry agencies are confronting in relation to community service provision is *lack of funding and funding cuts.* Most noticeably impacted are British Columbia and the Atlantic Region. One agency in BC reported imminent and far-reaching funding cuts, that could result in the loss of many Elizabeth Fry programs. Three Atlantic Elizabeth Frys report being run entirely by volunteers, which severely limits the amount of services they are able to provide.

Elizabeth Fry Service Users

In addition to providing services to women in jails and prisons and on parole, 20 agencies report providing at least some services to women not currently in conflict with the law. These women are those who are deemed to be 'at risk' of becoming in conflict with the law. 'At risk' means various things to each agency: these definitions included women who are socially, culturally, and/or economically disadvantaged, have substance abuse problems, are homeless, are victims of violence/other crime (court support), or have mental health problems. All agencies said they served women with developmental or other disabilities by modifying their current services/programs to meet this population's needs. One agency has a provincial contract specifically for women with 'special' or 'high' needs. When the women need specialized services most Elizabeth Fry agencies seek other community resources.

Five agencies reported that they provide at least some services to adult or young men due to provincial contracts (CSO) or due to being located in a small community where other community supports are scarce. In addition, one agency has received requests to provide support to the transgendered population.

Twenty agencies reported that the most common form of income their clients receive is government social assistance. Three reported that the primary source of income for their clients is gained through paid employment and the second most common form of income is social assistance. Ten agencies said that some clients support themselves through illegal means such as theft, fraud, shoplifting or prostitution. Other examples of income support were disability payments, Native Band funds, Children's Aid for youth, and pension income for seniors. Two agencies commented that some of their clients have no form of financial support at all.

Regarding the mental health issues of their clients, all agencies responded that the women they see deal with childhood abuse, self-injury, suicide, grief, addictions, and violence against women. Of the 22 agencies, 17 said they also see women who are HIV positive or who have AIDS and 19 said they see women who are dealing with eating disorders. Twenty one agencies stated that they serve women who have been given a psychiatric diagnosis, and one agency stated they are not aware of information regarding their client's psychiatric diagnoses. The most common psychiatric diagnoses given to the women the agencies serve are Bipolar Disorder, Personality Disorders (such as Borderline Personality Disorder), Depression, Anxiety Disorders, Post Traumatic Stress Disorder and Schizophrenia. Three agencies stated that there has been a recent change in the diagnoses given to their clients, as previously they were more often said to have Dissociative Identity Disorder. Two agencies said they have seen a recent increase in Fetal Alcohol Syndrome diagnoses and Attention Deficit Disorder.

KEY FINDINGS: MENTAL HEALTH SERVICES

Approach to Service Delivery

Although some agencies received CSC and other psychiatric reports that assess women's mental health needs and designate psychiatric diagnoses, most agencies reported that in addition they rely on worker's own assessments and on women's self reports. However, agencies gear counselling services to the specific issues with which the women are dealing, rather than relying upon the medical formulation of women's issues (ie. psychiatric labels). For example, of the agencies that provide more intensive individual and group counselling, the most common programming is sexual abuse (or healing from trauma), addictions, anger management and fraud/shoplifting. Two agencies also have Aboriginal healing circles for their clients.

Most agencies, in response to the question on the survey that asked agencies to describe their 'treatment model' or 'approach', said they did not see themselves providing 'treatment' but rather viewed their services as 'supportive'. However, all agencies did reveal a theoretical orientation. The common theoretical or philosophical thread across all agencies was that of 'starting where the women are'. In addition, all agencies spoke of the need to help women create choices for themselves through 'respectful', 'holistic', 'non-judgmental' and 'supportive' assistance. Two agencies described their approach as 'eclectic' and one agency added that they assist women to change their thinking patterns. Two agencies stated that their services include helping women develop an awareness about how

systemic inequalities/barriers have impacted women's choices and experiences. Two agencies also termed their services as 'strengths based'. [1]

TYPE OF COUNSELLING/SUPPORT

Individual Counselling/Therapeutic Services

Twenty one agencies reported offering one on one support to deal with women's mental health issues. Twenty of these agencies offered "supportive" counselling and "crisis intervention". One agency said they provided psychotherapeutic long term counselling for most issues except addictions. Although they said they primarily provide short term and crisis counselling, seven agencies are able to also provide some amount of longer term therapeutic counselling. One agency is not able to offer individual mental health counselling as it is run entirely by volunteers. All agencies at times access community referrals for longer term or specialized counselling for such things as sexual abuse and addictions.

Group Programming

Of the 22 agencies that responded to this survey, 18 report delivering some sort of group programming for women. Groups provided by Elizabeth Fry agencies deal with parenting skills, self-esteem, life skills, addiction, shoplifting/fraud, sexual abuse, and Native healing circles. About half of these agencies described their groups as offering primarily a supportive function with psycho-educational components. Ten agencies report running groups that are therapeutic in nature for such things as sexual abuse, shoplifting, anger management, parenting and addictions.

Community Referrals

For more intensive therapeutic needs agencies stated they refer to other resources in the community. All agencies reported referring clients to other community resources such as a psychiatrist, therapist, agency program, hospital or shelter. The most often cited reasons for referrals were because: 1. The client required more intensive or specialized therapeutic assistance than Elizabeth Fry could provide (due either to lack of funding or lack of specialized training of Elizabeth Fry staff); 2. To avoid duplication of services; and 3. To facilitate the development of community supports for the client. One agency located in a small community stated that they sometimes refer to agencies in other communities because their own community is small and they want to ensure the women's confidentiality. Two other reasons cited for referrals were related to the geographical location of the women and language/cultural appropriateness of other services.

---

[1] A strengths perspective to practice involves countering deficit based approaches that focus upon individual problems and limitations and instead draws upon client's capabilities and skills. (See D. Saleeby (1992). *The strengths perspective in social work practice and Katherine Van Wormer (2001) Counselling Female Offenders and Victims: A Strengths-Restorative Approach.*

Barriers to Accessing Community Referrals

Agencies did identify barriers, however, to client's access to community services. The most common barriers were that there were not enough places to refer; that there were often long waiting lists (up to 2 years) in particular for long term counselling; and that the cost of those services not covered by provincial medical insurance were prohibitive. Another very common barrier was that some community services will not take women with particular diagnoses or dual diagnoses (15 of 22 agencies reported this). One agency gave the example of Personality Disorders, another stated that housing and shelter services in particular often will not take women with psychiatric diagnoses and another stated that hospital services are reluctant to take women who self-harm. Two of the 15 agencies who reported this factor to be a barrier said that it is only occasionally a problem. The issue of the availability of community resources to which women can be referred is particularly salient for the Atlantic Region. This region reported that inadequate government social assistance and lack of community resources such as halfway houses for women and shelters for youth make it very difficult for women to remain out of prison. Of all regions, twelve agencies reported that some services their clients try to access will not take women with criminal records, and twelve also said that some services, in particular housing, will not take women with developmental disabilities. Other barriers identified were related to transportation to and from services (particularly in rural areas), lack of women-centred perspectives of community resources, stigma and pathologization of women in conflict with the law, and unfamiliarity with specific issues such as ritual abuse. One agency stated that the government policies that resulted in the subversion of progressive policies of de-institutionalization, by moving people from psychiatric facilities and hospitals into the community without any corresponding supports or resources, perpetuates women's involvement in the criminal justice system. A major concern for agencies is the lack of government funding of social services and the cutting back of funding in a variety of service areas. This means that agencies are experiencing the reduction of places to refer in general.

DISCUSSION/CONCLUSIONS

In recent years a recognition of the high degree of abuse and violence as well as socio-economic marginalization experienced by women in conflict with the law has prompted community mental health practitioners to develop specific counselling services for women in prison (Pollock, 1998; Zaplin, 1998; VanWormer, 2001). However, when these approaches are adopted by correctional personnel within the prison context, they often lack a gender, race, and class analysis of women's experiences and needs. Furthermore, mental health programming in prisons tend to reflect the overall discourse and agenda of the correctional mandate by becoming part of the punitive regime (Fox, 2001) rather than being therapeutic and empowering. This appears to be particularly true with cognitive behavioural models, which are notorious for failing to pay attention to how social context impacts human behaviour. In addition, it has been argued that incarceration itself replicates the same dynamics as those of child sexual abuse and the provision of healing services within this environment is challenging (Heney & Kristiansen, 1998). Further, imprisonment has been viewed as an extension of colonization (Ross, 1998) and a

perpetuation of racist ideologies and practices that exist in the outside world (Richie, 1996).

Moreover, correctional authorities have focused very little upon developing and funding mental health programming for criminalized women in the community. There is a risk, of which there is growing evidence, that women may be sentenced to prison terms because of the perception that appropriate counselling services are available in prison. In actual fact, however, many institutions for women are not equipped to deal with women who require a supportive and therapeutic environment. Some women, whose coping strategies, such as anger, self-injury and dissociation are results of years of extreme abuse, are framed by correctional authorities as 'difficult to manage' and/or classified as high risk. The correctional system's lack of expertise in dealing with mental health issues such as those resulting from child abuse and other types of trauma results in this group of women being over classified and subjected to increased security measures.

It is clear that specialized services need to be developed for criminalized women with serious mental health needs. Trauma treatment models suggest the importance of a 'safe' environment in which a woman may explore past experiences, heal, and reconstruct a healthy sense of self (Herman, 1992). Due to the various power dynamics operating within the prison environment, healing from past trauma and changing behaviour while in prison is clearly very challenging. This has caused many mental health professionals to question the feasibility of providing safe and healing services, particularly when these services are delivered by correctional personnel who are accountable to the prison rather than to the client. All this factors underscore the very real need to have *well developed and well funded community mental health services* for criminalized women.

In addition, whether or not a woman receives effective mental health support while in prison, it is unlikely her needs will disappear upon release. Those who work with criminalized women are well aware that it is often very difficult to find appropriate mental health resources to support women in the community. It is crucial that women be provided with appropriate community mental health services in order to assist with the transition back into the community and to help reduce the risk of recidivism. These services are best provided by those who are knowledgeable about the issues specific to criminalized women, who work from a gender based, empowerment and strengths based perspective, and who have specialized training in the effects of sexual abuse and related issues.

The mental health needs of women in conflict with the law have been well documented (Faith, 1993). We know, for example, that the majority of women in prison have experienced child abuse and violence against women in their adult relationships. Many have employed coping strategies such as addictions, self-injury, aggression, and dissociation in order to survive these experiences. The need for support in dealing with these experiences of trauma is paramount. In addition, the high number of women in prison who report having substance abuse problems also points to the need for addictions counselling. In recognition of these factors, the Task Force on Federally Sentenced Women (1990) recommended that sexual abuse and addictions counselling be considered

core programming for women in prison. For women on parole, it is equally important that supports be provided to both help with the practicalities of being released from prison, such as finding affordable housing and employment, and to help women deal with the emotional/psychological impacts of trauma. Research on counselling with women in conflict with the law suggests the importance of 'women-centred' treatment models that incorporate an understanding of gender specific experiences and the ways that racial, cultural, and class marginalization intersect with these experiences. A woman centred perspective also focuses upon relational ways of healing (Covington, 1998). In dealing with the effects of trauma, a woman's own sense autonomy and self-worth will be fostered and she will be better able to cope with the myriad issues involved in reintegration. In addition, such issues as self-injury, addictions and dissociation will also be addressed, thereby reducing her risk of further harming herself or becoming re-involved with the criminal justice system. As Warner (2001) argues, it is important that feminist mental health perspectives challenge medical/psychiatric discourses that view the effects of abuse in pathological terms, rather than as meaningful coping mechanisms. Of course, mental health services must be provided within the context of other types of assistance, such as job training, housing, legal services, financial assistance and social supports. Mental health programming cannot be effective in isolation - both the psychological and the social must be addressed in tandem and within culturally appropriate frameworks. This is the approach that all Elizabeth Frys in this survey appear to take, despite such serious barriers as under funding and cuts to funding, as they work towards assisting, supporting and advocating on behalf of criminalized women or those 'at risk' of becoming so.

There are few research studies that examine what factors help reduce recidivism among women released from prison and, in particular, that ask agency and community workers and/or paroled women themselves what factors are helpful in women's reintegration. As Elizabeth Fry Societies make it their mandate to assist and support criminalized women, workers at these agencies are uniquely situated as sources of valuable expertise regarding the issues they and the women they serve are dealing with. As is clear from this survey, Elizabeth Fry Societies in all regions of Canada provide practical, educational, supportive and therapeutic services to a population typically under serviced in most communities. This is consistent with O'Brien's (2001) findings regarding interventions for released women that "must address both the psychological and the social aspects of women's lives" (297). The services that Elizabeth Frys provide correspond to the five areas that O'Brien (2001) states are crucial to help women remain out of prison. These are: 1) Finding Shelter; 2) Obtaining Employment; 3) Reconstructing Connections with Others; 4) Developing Community Membership; and 5) Identifying Consciousness and Confidence in Self (O'Brien, 2001:290). According to the results of this survey, all Elizabeth Frys across Canada work in various ways towards supporting women in reaching these five goals.

The primary issues agencies identified in providing adequate services to this population relate to inadequate funding and a lack of specialized training among their own members as well as to the lack of availability of services and knowledge of the unique needs of this

population in the wider community. The following recommendations suggest ways to begin overcoming these barriers to service for women released from prison.

RECOMMENDATIONS

1. **Expand Elizabeth Fry Mental Health Service Provision**

Criminalized women bring with them unique experiences and specialized needs. There are few, if any, community professionals with the expertise and knowledge base to work effectively with this population. Although some Elizabeth Fry Societies report that they have skilled workers who offer therapeutic services, the *majority reported the need for training in clinical therapeutic skills and increased resources*. The myriad mental health issues presented by the clients served by Elizabeth Fry point to the very real need for further resources for mental health counselling. Survey respondents reported that women deal with sexual abuse, eating disorders, addictions, self-injury, suicidal ideation, and violence against women as well as HIV/AIDS and grieving issues. Lack of accessible mental health services in the community is clearly a barrier for women leaving prisons due to long waiting lists, prohibitive costs, and the reluctance of some services to accept women with dual diagnoses, developmental disabilities and/or criminal histories. Currently Elizabeth Fry Societies are the only agencies whose mandate specifies service provision for any woman in conflict with the law.

Funding is needed to allow Elizabeth Fry agencies to enhance their provision of mental health services to this under serviced population. Community based mental health services provided by Elizabeth Fry workers would not only benefit women released from prison but could also be available to imprisoned women in need of specialized counselling. Two agencies reported having difficulty getting permission for incarcerated women to have ETAs to attend counselling sessions, despite the availability of this service. Correctional services and Elizabeth Fry Societies would do well to develop co-operative programming designed to both meet women's mental health needs in the community and facilitate women's release transition by establishing community supports early on. However, it is crucial that those providing counselling services have a fair amount of autonomy from the correctional service itself. There is an inherent contradiction in the correctional mandate of punishment and control and the therapeutic mandate of support and healing. This tension is best dealt with by allowing community services autonomy over their delivery of services.

2. **Trauma, Strengths Based, and Empowerment Treatment Models**

Mental health services offered by Elizabeth Fry should be consistent with the current model of empowerment (both socio-political and personal), and the non-judgmental and non-pathological orientation of these agencies. This 'strengths-based' approach, such as that common to the social work profession, is a helpful framework in which therapeutic services might occur. Treatment models that are deficit based and that stem from a predominantly medical model are unlikely to be empowering or supportive of women's experience and needs. *Trauma based treatment models that recognize the meaning of*

women's coping skills and that demedicalize their behaviour are recommended. In addition, mental health services should be designed that are culturally appropriate and that incorporate an understanding of the impact of oppression, such as racial, sexual, gender and class marginalization, upon mental health. In some parts of the country Elizabeth Frys (most notably BC and Ontario) report utilizing translation services for up to 18 different languages. Other regions serve large Arab, Black (Afro-Canadian, African) and Aboriginal populations. Given the diversity within and among regions as well as the diversity of clientele, it is important that mental health treatment models be adopted that reflect client's experiences and issues. Rather than having standardized mental health models, each Elizabeth Fry should have the flexibility to develop models reflective of their community needs and those of the service users. Traditional medical treatment models rarely reflect cultural and racial differences, using instead white Western normative standards.

Elizabeth Frys might take their lead in the development of appropriate mental health service provision from Aboriginal Elders and Aboriginal healing approaches that recognize holistic understandings of mental health as well as from feminist therapeutic models that emphasize self-determination and equality in the therapeutic relationship. Although these approaches are suggested as departure points, culturally appropriate services should be developed that reflect the cultural and racial composition of Elizabeth Fry clients in any given community.

3. **Establishment of Peer Support Programs and Services**

Several agencies reported that they currently or previously have utilized peer support programming for their clients. Client driven services, such as peer support services, are beneficial for breaking women's isolation, raising self-esteem, fostering independence and facilitating change (Delgado, 2001; Boudin, 1998). Research has shown that when peer support programming allows prisoners and parolees autonomy and self-determination and when it utilizes the expertise of the participants themselves, that these services are effective. A research study of the Peer Support Team at the Prison for Women in Kingston, revealed that a program largely controlled by prisoners themselves and who had a far amount of autonomy, provided a support system and an advocacy body for the prison population (Pollack, 1994). This research is currently being used in Oregon to develop a similar program for African-American men and women released from prison. There are several exemplary models of peer support services for women in the community offered in Delgado (2001) *Where are all the Young Men and Women of Color?: Capacity Enhancement Practice and the Criminal Justice System*. One such model is that operating at the Bedford Correctional Facility in New York. A program called Aids Counselling and Education (ACE) is run by women prisoners and provides education, support and training for women living with HIV/AIDS. ACE members not only provide emotional and educational support to their peers but have active linkages to community agencies through which ACE helps prepare the community for the release of women living with HIV/AIDS. Such linkages are crucial and provide a model for connecting women in prison with community supports and facilitating transition back into communities. Members of ACE have also successfully found employment in HIV/AIDS support

services in the community. Other exemplary community peer support services include the Delancy Street Foundation in San Francisco, California, (Delgado, 2001) where peer mentioning and support form a fundamental aspect of a residence, job training program and the operation of a catering service.[2] A therapeutic support group for incarcerated mothers which is facilitated by prisoners themselves at Bedford Hills Correctional Facility for Women provides an excellent example of a peer based psycho-social group counselling model (Boudin, 1998). The common philosophical and programmatic aspect to all these peer services is a central focus on client autonomy over the direction and nature of the service. Further, they recognize and centralize client expertise, skills, knowledge and decision making into all aspects of the service/programming.

Peer support services, whether inside institutions or in the community, must be autonomous from the correctional mandate. They are not workable if participants feel compelled to participate or if the agenda of the program appears to reflect that of the institution or agency, rather than the needs of the women themselves. Therefore, the overarching principle of self-determination and autonomy can not be over emphasized.[3] This approach forms the core of what Delgado (2001) calls the 'capacity enhancement' model which he advocates for community services for prisoners released into the community. The following five principles are adapted from Delgado (2001) as elements of the capacity enhancement model that are particularly relevant to the development of peer support services/programs.

1. All individuals possess strengths and abilities (Strengths perspective)
2. The process of service development is as crucial as the outcome. (ie. How the programs get conceptualized and organized is as important as how they are delivered).
3. Interventions must address a current need identified by participants themselves.
4. Social Justice themes must be integrated throughout the service/program
5. Participants must have real and tangible mechanisms through which they contribute skills, knowledge and decision making.

In developing peer support services for criminalized women in the community Elizabeth Fry Societies could hire former prisoners who have the requisite skills to facilitate the development of a service/program appropriate for the needs of their particular community. In doing so, an implicit message is sent that the agencies take seriously their mandate of empowerment; by providing an infrastructure and resources for criminalized women to take control over their own needs and lives. The women participants themselves can then be involved in the development of this service from the ground up.

---

[2] There is currently a catering service in Toronto run by The Alternative Business Council staffed exclusively by psychiatric survivors. Such a business could provide a template for client driven business/employment opportunities.

[3] This does not mean of course that participants be given no support or guidance from professionals. But rather that they be able to determine the guidelines, structure, process and goals of the peer support service.

It is recommended that resources be devoted to the implementation of peer support services/programs and that the knowledge and expertise of criminalized women be instrumental in the development of these services. Such instrumentality should be formalized through establishing paid positions for these women.

4. **Utilization of Elizabeth Fry Expertise in Training Allied Service Providers**

Results from the survey suggest that one of the barriers to accessing community supports is the 'stigma' and misunderstanding of criminalized women. There is considerable expertise among Elizabeth Fry Society staff. In order to expand the development of additional mental health services, Elizabeth Frys might foster relationships with other agencies and train workers regarding the needs and issues of the population Elizabeth Fry serves. Some Elizabeth Fry agencies have already developed collaboration and linkages with other community agencies providing support and services to women. Co-operation might be expanded to include the addition of mental health counselling by allied agencies who may be trained in issues specific to this population.

5. **Development of More Housing Options for Women with Mental Health Issues**

Housing is clearly a problem for many women in conflict with the law leaving the correctional system and particularly women who have intensive mental health needs. There is a need for the establishment of further supportive housing, with individuals trained in dealing with survivors of sexual abuse and its associated psychological antecedents as well as the general needs of criminalized women. This is a of particular importance to the Atlantic region which is in dire need of supportive/transition housing for women.

References

Boudin, K. (1998). Lessons from a Mother's Program in Prison: A Psychosocial Approach Supports Women and Their Children. In Harden, J. & Hill, M. (Eds.) *Breaking the Rules: Women in Prison and Feminist Therapy*. New York: Harrington Park Press.

Delgado, Melvin (2001). *Where Are All the Young Men and Women of Color?: Capacity Enhancement Practice and the Criminal Justice System*. New York: Columbia Press.

Faith, Karlene (1993). Unruly Women: The Politics of Confinement and Resistance.

Fox, K. (2001). Self-Change and Resistance in Prison. In Gubrium, J. & Holstein, J. (Eds.). *Institutional Selves: Troubled Identities in a Postmodern World*. New York: Oxford University Press.

Harden, J. & Hill, M. (Eds.). *Breaking the Rules: Women in Prison and Feminist Therapy*. New York: Harrington Park Press.

Heney, J. & Kristiansen, C. (1998). An Analysis of the Impact of Prison on Women Survivors of Childhood Sexual Abuse. In Harden, J. & Hill, M. (Eds.). *Breaking the Rules: Women in Prison and Feminist Therapy*. New York: Harrington Park Press.

Herman, J. (1992). Trauma and Recovery. United States: Basic Books.

Pollack, S. (1994). Opening the Window on a Very Dark Day: A Program Evaluation of the Peer Support Team at the Kingston Prison for Women. *Forum for Correctional research, 6*(1) pp. 36-38, January. Ottawa: Correctional Service of Canada.

Pollock, J. (1998). *Counseling Women in Prison*. Thousand Oaks, CA: Sage

Richie, Beth E. (1996). *Compelled to Crime: the gender entrapment of battered black women*. New York: Routledge.

Ross, L. (1998). *Inventing the Savage: The Social Construction of Native American Criminality.* Austin: University of Texas Press.

Van Wormer, Katherine (2001). *Counselling Female Offenders and Victims: A Strengths-Restorative Approach*. New York: Springer Publishing Company.

Warner, Sam (2001). Disrupting Identity through Visible Therapy: A Feminist Post-structuralist Approach to Working with Women Who Have Experienced Child Sexual Abuse. *Feminist Review 68,* Summer, pp: 115-139.

Zaplin, Ruth (1998). *Female Offenders: Critical Perspectives and Effective Interventions*. Gaithersburg: Aspen Publishers, Inc.