

# TREATMENT OF FEMALE OFFENDERS IN SINGAPORE

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## I. TREATMENT OF FEMALE OFFENDERS

### A. Status of Female-Committed Crimes

The Singapore Prison Service (SPS) oversees 13 male and one female prison, the Changi Women's Prison (CWP). On 31 December 2011, a total of 1,194 females were incarcerated in CWP.

As of the end of November 2012, the breakdown of offences committed by females is shown in Figure 1 below.

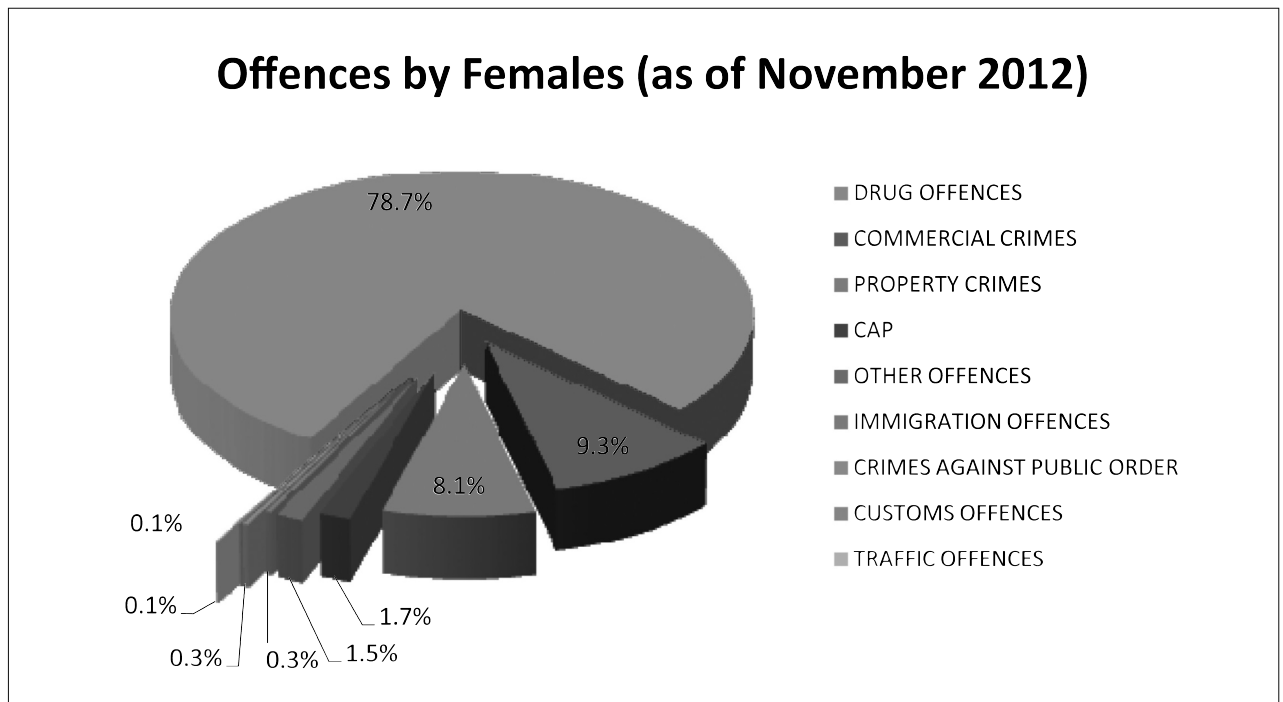


Figure 1: Breakdown of offences committed by females as of November 2012

For the same period, the demographic details of the female offenders are shown in Figures 2 to 4:

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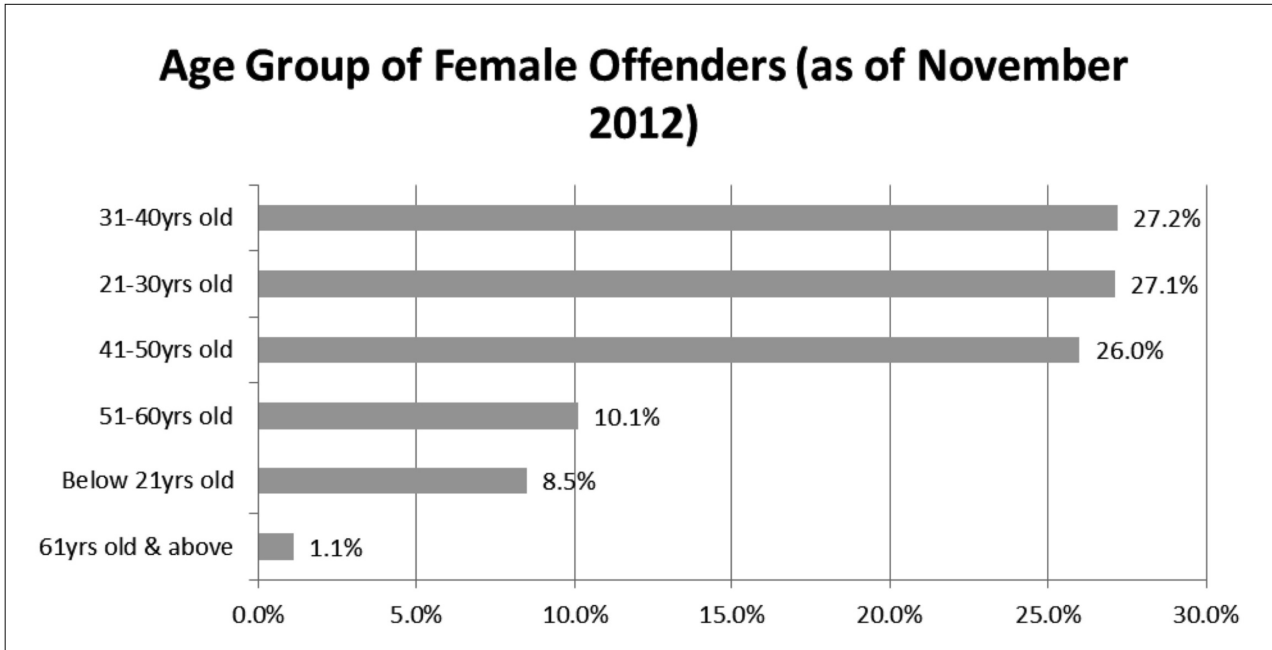


Figure 2: Age group of female offenders (as of November 2012)

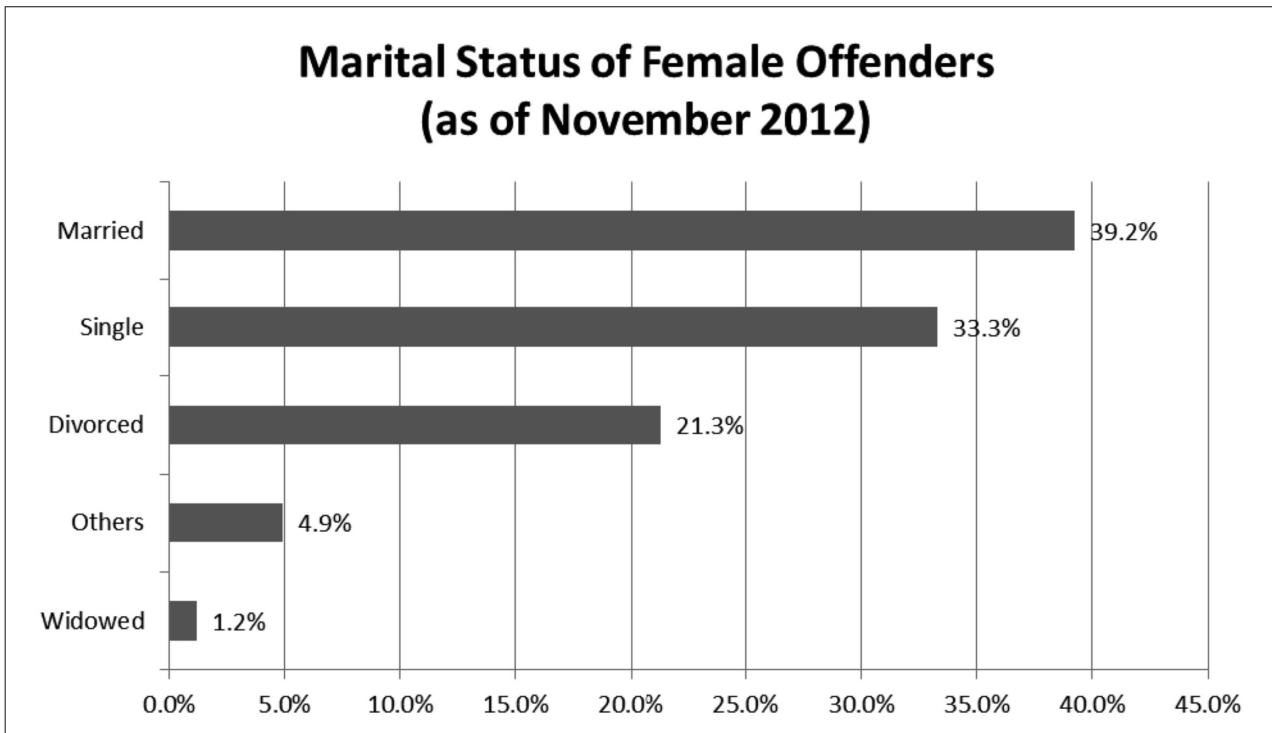


Figure 3: Marital status of female offenders as of November 2012

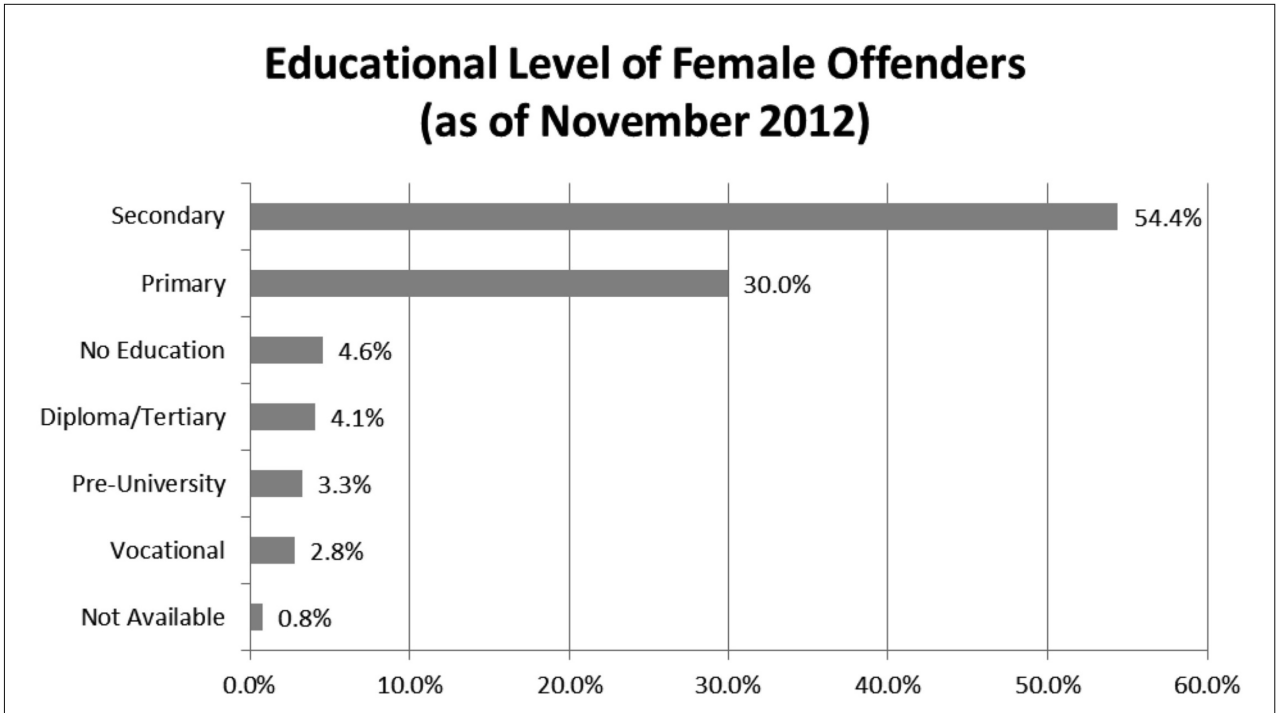


Figure 4: Educational level of female offenders as of November 2012

A profiling and gender responsive assessment study is currently being carried out in the CWP. The preliminary analysis of a sample of 102 female inmates showed that a high percentage, 42%, had experienced emotional distress. Despite the significant number, only 22% said that they had received treatment for their distress. From the same sample, 45% reported a history of physical, emotional or verbal abuse. Additionally, 36% turned to substance abuse to help them cope with stress. From these, there seemed to be a general lack of emotional regulation and adaptive coping skills. Further, there is likely to be a relationship between emotional distress and substance abuse, as well as victimization and substance abuse.

### **B. Basic Principles of Female Offender Treatment**

Two overarching frameworks guide SPS's rehabilitation and treatment efforts. The Rehabilitation Framework divides the process into three main components: in-care, halfway care and aftercare.

The second framework is the risk-need model in the treatment of offenders, the current dominant approach in the correctional rehabilitation field. In essence, treatment systematically targets dynamic risk factors associated with recidivism, and treatment intensity is determined by the offender's risk level (Andrews & Bonta, 1998). Four principles underpin the model: risks, needs, responsivity and professional discretion (Andrews & Bonta, 1998). The risk, need, responsivity (RNR) model is the overarching framework that guides intervention efforts, complemented by other theories such as the Good Lives Model and desistance theory.

The General Personality and Cognitive Social Learning (GPCSL) perspective underlies the RNR model of offender assessment and rehabilitation (Bonta & Andrews, 2007). Accordingly, approaches such as cognitive-behavioural theories and relapse prevention model, etc. have been the main theoretical bases for development of psychology-based treatment programmes, called specialized treatment programmes (STPs) in SPS. Furthermore, there has been compelling empirical evidence of the efficacy of such approaches in treatment of substance abuse and pro-criminal attitudes. Proponents of RNR and GPCSL have argued that the model is applicable to women (Bonta & Andrews, 2007).

Traditionally, the same treatment programmes have been used with both male and female offenders in SPS. To cater to responsivity issues of females, modifications have been made to the original programme, such as the use of more gender-specific examples and smaller group sizes. Gender-studies

scholars have found that females have different risks and needs than men (Blanchette, 2004; Blanchette & Brown, 2006; Bloom, Owen & Covington, 2003; Covington, 2000; Hardyman & Van Voorhis, 2004). It would then stand to reason that the same programme designed for men would be limited in its efficacy for women. The RNR model and the underlying GPCSL perspective might be gender-neutral, but effective treatment for female offenders might require a gender-specific approach.

### **C. Human-Rights-Related Issues**

According to the United States Department of State's Country Reports on Human Rights Practices for 2011, the only identified problem pertaining to prisons in Singapore was that mandated caning was allowable for some crimes. The same report found that prison and detention centre conditions generally met international standards. Other human-rights issues relating to criminal justice in Singapore highlighted by Amnesty International in its Annual Report 2012 were detention without trial and the death penalty. In Singapore, all women are exempted from the caning, though they are subjected to detention without trial and the death penalty.

In 2008, the Quaker United Nations Office (QUNO) of Human Rights and Refugees published a commentary on women in prison. Among 21 areas highlighted by the report, those significant to Singapore include non-discrimination between male and female prisoners, security classification and strip searching.

As mentioned in the previous section, female prisoners in SPS generally receive the same programming as male prisoners. According to the 2008 QUNO report, this would constitute discrimination, which follows from male-orientated programming: a failure to properly assess, understand and address the particular needs of women prisoners.

As there is only one facility for female offenders in Singapore, it is necessarily a maximum security prison. This means that some female prisoners are being housed in a more onerous environment than warranted by their security classification.

The 2008 QUNO report described routine strip-searching as unnecessarily harsh. In CWP, this is carried out on a regular basis as a security measure.

### **D. Institutional Treatment (Juveniles/Adults)**

Under the Rehabilitation Framework, treatment of offenders begins during the in-care phase, which refers to the period of an inmate's incarceration or detention that is served out physically in a prison or drug rehabilitation centre. In-care is further divided into four phases: admission, deterrence, treatment, and pre-release.

#### **1. Admission**

All inmates enter the prison system at the admission phase, when they are classified according to their security risks and rehabilitation needs. A customized treatment plan, the Personal Route Map (PRM), will be charted for each inmate according to his/her individual needs and risks. The PRM records the inmate's progress in programmes that he/she requires or has gone through during incarceration. Male inmates are assigned to institutions according to their security risk. As there is only one facility for female offenders, all females will serve their incarceration or detention in CWP, a maximum-security institution.

Under SPS's assessment framework, the Level of Service/Case Management Inventory (LS/CMI) is used to assess general risks of offending, followed by screening for specific risks if applicable. The case management portion has provisions for gender-specific issues, as well as concerns that are common to females, such as parenting and victimization. The only specific risk being screened for female offenders now is substance abuse, as screening tools for other specific risks such as violent and sexual offending are not validated for women. Since 2011, the youth version of the LS/CMI has been used on juvenile offenders below the age of 21. The YLS/CMI was adopted because it was found to be more sensitive to youth risks and needs, which are different from adults', yielding more accurate assessments.

The LS/CMI was designed to be a gender-neutral tool and some studies have found it to be valid

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for females (Andrew, Dowden, & Rettinger, 2001; Dowden & Andrew, 1999; Holsinger, Lowenkamp, & Latessa, 2003) while other studies have produced conflicting results (Blanchette, 2005; Olson, Alderde, & Lurigio, 2003; Salisbury, Van Voorhis, & Spiropoulis, 2009). Gender studies scholars have argued that gender-neutral assessment frameworks do not adequately assess needs of women, leading to inaccurate risk assessments.

Given the paucity of appropriately validated tools, in particular for specific risks, that could be used on the local female offender population, inaccurate risk assessments could certainly be a danger. An additional danger could be that needs specific of females are not detected, and therefore are left unmet.

2. Deterrence

The deterrence period is meant to be a time for inmates to experience the rigours of incarceration for deterrent effect, so minimal programmes are available. It is also intended to be a time for inmates to adapt to prison life, reflect on their actions and prepare for the treatment phase.

3. Treatment

In this phase, inmates are allocated programmes according to their risks and needs identified through PRM. Programme allocation is based on availability and priority. Initially, STPs were designed in such a way that each programme was focused on a single need, such as criminal attitudes and thinking, substance abuse and dependence, sexual offending, etc. In theory, inmates could attend more than one STP, according to their needs. In practice, issues such as length of incarceration or detention and resources available limit inmates to one treatment programme each. Recently, with the realization that inmates usually have multiple needs, programmes have been designed to integrate different needs.

As mentioned earlier, female inmates undergo the same STPs as the male inmates, with some modifications. Those currently available at CWP are the integrated criminogenic programme, a substance abuse and dependence programme, a criminal attitude/thinking programme, as well as a youth criminal attitude/thinking programme. Some provisions have been made to improve the STPs' fit with female inmates, according to the responsivity principle. For instance, as females tend to be more relational, group sizes are kept smaller to promote a safe therapeutic environment. Further, a systemic perspective may be adopted when working with women, expanding the focusing beyond the individual to also include significant relationships and people. Safety is also important so that issues such as trauma and victimization may be attended to. These are especially crucial if they are factors in female inmates' recovery and reintegration into their communities.

Youth female offenders between the ages of 18 and 21 are also housed in CWP. The same rehabilitation framework and RNR principles are applied to them, and they undergo STPs specifically designed for youths. The youth STP is still based on general personality and cognitive social learning theories, with an additional developmental psychology perspective to take into account their life stages.

Youth offenders are subjected to a different regime than the adults, and hence are segregated from the adult population. However, being in the same facility has diminished the efficacy of a youth-centric regime, a challenge posed by their small numbers. For instance, they could be on the same housing unit landing as the adults, which makes it difficult for staff to adhere strictly to the different regimes.

In addition to psychology-based interventions, other treatment and approaches are also available for the rehabilitation of inmates. Educational opportunities and vocational training aligned with national policies and standards are provided to enhance inmates' employability. Vocational training takes into account gender-differences by bringing in those that are more popular with women in the general population. VWOs and vendors are engaged to provide family programmes to improve and maintain the relationships between female inmates and their families. Volunteers conduct various programmes from regular religious counselling to ad hoc art therapy and workshops on dressing and image.

Overall, female offenders undergo the same treatment as male offenders, although some modifications and provisions are made in recognition of gender differences. There are not as yet any pro-

grammes specifically designed for female offenders.

4. Pre-release

In this final component of the in-care phase, inmates are given programmes that prepare them for reintegration into the community upon their release. Programmes during this phase focus on equipping inmates with knowledge and skills necessary for living in the community, such as money management and job seeking skills. Additionally, VWOs also provide information and referral services to inmates who might benefit from their assistance after release.

**E. Community-based Treatment (Juveniles/Adults)**

Community-based treatment is carried out in the halfway care and aftercare phases of the Rehabilitation Framework.

1. Halfway Care

This phase refers to the end of an inmate's incarceration where the inmate, if found suitable, may be selected to undergo halfway-care programmes and serve out his or her remaining sentence or detention order in the community. These community-based programmes (CBP) allow inmates to work outside prisons while residing in their homes, a halfway house, or a work release camp (under the purview of SPS), under supervised conditions. This period provides inmates with opportunities for gradual reintegration into the community, thereby forming the vital bridge between institutionalization and full freedom. In 2011, a total of 1,807 inmates were placed in CBPs.

Compared to the options for male offenders, those for female inmates are much more limited. Female inmates participate only in the residential and the halfway house schemes of the CBP. Due to operational constraints, the only work-release camp does not house female inmates. Halfway houses in Singapore are operated along gender lines, and are faith or ethnicity-based. Of the eight halfway houses that are part of the Halfway House Service Model, only one is for women.

Inmates in CBPs continue to receive supervision as well as support. During this phase, inmates who have undergone STPs continue to receive booster sessions to reinforce their learning and application. All inmates placed in CBPs also have a Reintegration Officer (RO) assigned to them, playing the roles of enforcer as well as case manager.

Community-based programmes for adults are based on suitability, while it is part of the sentence for youth offenders. All youth offenders are released on supervision for a minimum period of one year to a maximum period of two years, depending on their progress when on supervision. They too, are expected to be meaningfully occupied, either with work or studies. ROs also support and monitor them at this time.

2. Aftercare

The aftercare refers to the immediate period subsequent to an inmate's release from the custody of the SPS. During this period, ex-inmates will be provided with support to reintegrate into the community.

The CARE Network was formed in 2000 to coordinate and improve the effectiveness of the efforts of the many agencies engaging in rehabilitative works for ex-offenders throughout Singapore. Its main objectives focus on ex-inmates, as well as the community. It coordinates assistance for ex-offenders as well as mobilizes and facilitates the community to support them in their reintegration with society.

**F. Treatment for Women with Specific Offence Types**

1. Drug Offences

At present, offenders with drug offences undergo a moderate intensity STP that targets substance abuse: the Drug Abuse Treatment Programme (DATP). The programme's theoretical bases include CBT, the relapse prevention model, the transtheoretical model, motivational interviewing and group dynamics. There are plans to review the DATP in 2013 to enhance its effectiveness.

In 2012, an integrated programme targeting substance abuse and criminal attitudes/thinking for

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those assessed to be at high risk was implemented in CWP. The programme was modelled after a violence intervention programme called the ManAlive, and based on CBT, the Good Lives Model, desistance theory and narrative practices.

2. Property Offences

Inmates who commit property offences and who also have a history of substance abuse assessed to be at high risk are eligible for the integrated criminogenic programme mentioned earlier. For those without a history of substance abuse, and of lower risk, they would be suitable for a single-focus STP that targets their criminal attitudes/thinking.

3. Others

Due to the very small numbers, there are currently no treatment programmes for other offences, such as violent and sexual offending.

**G. Treatment for Women with Special Needs**

1. Mental Disorders

SPS adopts the medical model for the treatment of inmates with mental disorders, in line with the national treatment model. CWP is equipped with a dispensary where inmates have access to medical care around the clock, and the psychiatrist is available once a week. Inmates with mental disorders may be housed in a ward in CWP, or sent to a secure ward in a public hospital if necessary.

At present, psychiatric care for female offenders lags behind that for male offenders, who have access to a specialized housing unit designed for the rehabilitation of mental illness. In 2007, there were plans to set up a similar unit in CWP as well, but they were not ultimately realized. This year, efforts have been renewed to set up such a unit for female offenders.

There have been efforts to complement pharmacotherapy, for example, with psychotherapy, but they have unfortunately not been sustained due to operational and resource constraints. For example, a gender-specific rehabilitation programme to address the treatment needs of female inmates with mental health issues was conducted from 2007 to 2011, but was discontinued due to the limited outreach and the considerable strain on the staff delivering the programme, who did so on top of their regular workload.

2. Self-Injurious Behaviours

Behavioural issues, including self-harm behaviours, are usually addressed using an interdisciplinary approach. Officers, counsellors, psychiatrists and other service providers collaborate to design an intervention plan to reduce the frequency and severity of this behaviour. Inmates who engage in self-injurious behaviours are also monitored around the clock to ensure their safety.

3. Pregnancy, Childbirth and Child-Rearing

Pregnant female inmates in CWP have access to obstetrics and gynaecology (O&G) services, and the dispensary is equipped with O&G equipment. Medical staff specializing in O&G services offer their care twice a month. Further, pregnant inmates are separated from the regular population in the housing unit and receive dietary as well as nutritional supplements. For delivery, inmates are sent to public women's and children's hospitals.

Newborns usually return with the inmates' family members who are willing and able to care for them from the hospital. In cases where this is not feasible, alternative care options will be explored with the inmates, including foster care and adoption. In exceptional instances when inmates reject alternative care for their newborns, they are allowed to have their newborn with them in CWP until other acceptable care can be found. The maximum age that children may stay with their mothers is three years of age.

Inmates and their infants are separated from the regular population, and they receive necessities for the care of the infants. A room in the housing unit is designated as a play area for the infants, who can access it for half an hour every day. If no caregiver is identified at the end of three years, the state child welfare agency will intervene.

## H. Female Staff

CWP is staffed exclusively by women, whose stints there are usually the result of a policy of regular job rotation. Due to the large number of female staff needed, a significant proportion of newly recruited female staff is sent to CWP in their first posting. In training school, female staff members do not receive additional coaching on working with female offenders. Consequently, they face a steep learning curve as they not only contend with applying what they have learned in training school, but may also struggle with applying to females what is essentially jailcraft for male offenders.

SPS staff receive regular on-the-job training, which is the best opportunity to enhance their competency in working with female offenders. Learning and development needs peculiar to each institution are identified and met at this platform. Further, staff in new postings are assigned mentors, who are senior staff, to ease their transition as well as show them the ropes. While laudable, such efforts could be insufficient to manage female offenders effectively, in the face of gender differences. A more robust and rigorous training curriculum and structure is needed.

## I. Challenges and Obstacles

There is growing awareness of gender differences in offenders and offender treatment in SPS and increasing efforts to cater to the specific needs of women offenders. Beyond modifying existing interventions that were designed with male offenders in mind, effective treatment for female offenders ought to be developed specifically for women. This means, among other things, clearly identifying their needs, pathways to offending and interventions that have been found to work well with them.

Before that is achieved, limited support and resources at present means that many efforts have not been sustained. Frequently, such initiatives originated from the ground up, representing true needs. Sadly, the lack of support on systemic levels has curtailed the outreach and obstructed the sustainability of these efforts.

The female offender situation poses a particular challenge to programme development and sustainability with its small numbers and highly diverse needs. Economies of scale are rarely reaped, so it is of little wonder that it does not attract investment.

## II. RESOURCES

1. Singapore Prison Service website: <http://www.prisons.gov.sg>
2. Yellow Ribbon Project website: <http://www.yellowribbon.org.sg>
3. CARE Network: <http://www.carenetwork.org.sg>
4. Correctional Service Canada — Publications: <http://www.csc-scc.gc.ca/text/pblcttl-eng.shtml>
  - A) Corrections in general — Compendium 2000 on Effective Correctional Programming: <http://www.csc-scc.gc.ca/text/rsrch/compendium/2000/index-eng.shtml>
  - B) Women Offenders
    - Women's Corrections: <http://www.csc-scc.gc.ca/text/prgrm/fsw/fsw-eng.shtml>
  - C) Community Corrections
    - Federal Community Corrections Strategy: <http://www.csc-scc.gc.ca/text/faits/03-12-eng.shtml>

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