

Anti-oppressive Social Work Practice with Women in Prison: Discursive Reconstructions and Alternative Practices

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Summary

An anti-oppressive practice (AOP) framework emphasizes issues of power and oppression within the provision of social work services themselves as well as within the lives of clients who have been marginalized and oppressed (Preston-Shoot, 1995; Garcia and Melendez, 1997). AOP seeks to deindividualize clients' problems in order to see them within the wider social context of their lives. In addition, this framework attempts to move away from an 'expert' model of service delivery towards one that is more inclusive of clients' experiences and that incorporates a recognition of coping and resistance to oppression. In this paper I discuss how an AOP framework can contribute to our understanding of and interventions with women in prison. In particular, I will focus upon how we can better understand and respond to women's mental health issues and the experience of imprisonment. Peer support services are examined as an example of AOP programming for women in prison.

Keywords: anti-oppressive practice, women in prison, female offenders, peer support.

Anti-oppressive practice in social work

Anti-oppressive practice (AOP) is a framework that draws upon a variety of approaches such as feminist, critical, anti-racist, post-structural and post-modern theories of practice (Payne, 1997). This framework emphasizes issues

of power and oppression within the provision of social work services themselves as well as within the lives of clients who have been marginalized and oppressed (Preston-Shoot, 1995; Garcia and Melendez, 1997). An anti-oppressive framework seeks to deindividualize clients' problems in order to see them within the wider social context of their lives. In addition, this framework attempts to move away from an 'expert' model of service delivery towards one that is more inclusive of clients' experiences and that incorporates recognition of coping and resistance to oppression. Central to the anti-oppressive approach is a commitment towards changing social relationships and institutions that perpetuate the exclusion of marginalized groups of people.

Although seemingly anomalous, the prison setting shares many commonalities with other sites of social work practice such as medical and psychiatric social work and child welfare. The social control/helping conflict endemic to social work practice in general is brought into stark visibility in a setting in which power, control and surveillance are predominant features of the environment. Therefore, the values of social work in general (such as self-determination and respect) and anti-oppressive social work in particular (such as challenging inequality and depathologization), are often in conflict with the overall mandate of the prison setting. This conflict poses many challenges, as well as opportunities, to anti-oppressive social work practice.

In this article I discuss how an AOP framework can contribute to our understanding of and interventions with women in prison. In particular I will focus upon women's mental health issues, the context of women's imprisonment, and the development of peer support programming for women in prison. This discussion is based upon my own experience as a clinician with this population and two research studies I have conducted with federally incarcerated women in Canada. These studies included an evaluation of a peer support counselling service for women in prison (Pollack, 1994) and a qualitative study examining the impact of systemic oppression on women's lawbreaking and experiences of imprisonment (Pollack, 2000a, 2000b, 2000c).

The 'what works' literature

Cognitive-behavioural programming is considered by correctional authorities in both North America and Britain to be 'what works' to reduce recidivism (Kendall, 2002; Gorman, 2001; Hannah-Moffat and Shaw, 2000; Delgado, 2001). These programmes are based on the premise that criminal offending is a result of the offenders' inability to think logically, reason appropriately and to make rational decisions (Gorman, 2001). At the core of cognitive-behavioural programming is the notion of a 'criminal mind' and programmes are designed to counter criminal thought patterns and restructure offenders' ways of thinking (Kendall and Pollack, *in press*). The impact of environmental factors and structural inequalities are considered irrelevant within the cognitive-behavioural framework. Indeed, Andrews and Bonta (1998) view such factors

as race, gender and class as having very little to do with criminal behaviour and instead focus upon 'criminal personalities'. These authors, whose work currently underpins prison cognitive programming in Canada, warn against getting 'trapped in arguments with primary prevention advocates who believe that a society-wide focus on unemployment, sexism or racism will eliminate crime' (Andrews and Bonta, 1998, p. 363).

However, scholars have challenged both the methodological validity of research claiming the effectiveness of cognitive-behavioural programming with offenders as well as the theoretical premises of this approach. First, studies used to substantiate the claim that cognitive-behavioural programmes are effective used male prisoner subjects (Gorman, 2001; Hannah-Moffat and Shaw, 2000) and thus their generalizability to women is questionable. Furthermore, the 'one size fits all' cognitive-behavioural treatment model emerging from these studies ignores differences due to race, culture, and gender (Gorman, 2001; Hannah-Moffat and Shaw, 2000). In addition, the obvious decontextualization of offenders from their social environment renders structural and interpersonal inequalities invisible, thereby individualizing and psychologizing criminal behaviour. By focusing on changing the way people think and delineating fundamental personality differences between 'us' (law abiding citizens) and 'them' (offenders) socio-economic factors escape scrutiny (Kendall, 2002). Finally, as Fox (2001) has illustrated, cognitive-behavioural programmes allow little room for social context and attempts by prisoners to discuss the impact of marginalization and/or oppression are viewed as denial and rationalizations of their offense. Her research shows how cognitive behavioural programming encourages participants to adopt the 'criminal personality' story line to the exclusion of all other constructions of self and experience. Such self-regulation is consistent with neo-liberal strategies of individualizing social problems and 'may be conceptualized as a type of governmental technology or way of regulating people's conduct that is in keeping with the current political climate' (Kendall, 2002, p. 183).

There are clearly fundamental differences between principles of AOP and current trends in correctional programming. The development of such services therefore requires a shift in epistemological and theoretical assumptions currently underpinning correctional policy and research. To expect such a shift is not unreasonable as notions about 'what works' with offenders have undergone paradigm shifts in the past. For example, both Kendall (2002) and Gorman (2001) state that under Margaret Thatcher's government British policies on crime shifted from a rehabilitative model of punishment to a more punitive 'just desserts' approach. Thus, ideas regarding offender rehabilitation and treatment are heavily influenced by the ideological and political climate of the time. As such, notions about 'criminals', lawbreaking, and 'rehabilitation' are social constructs, created by the dominant discourses of the era. Deconstructing 'common sense' understandings by widening the lens to include social factors and challenging pathologizing discourses, opens a space for transformative understandings and interventions.

Research on women in prison

Data from North America and Britain indicate that the majority of women in prison are usually convicted of non-violent crimes; have experienced child physical and sexual abuse and battering in their adult relationships with males; are addicted to drugs and/or alcohol; are relatively young; have minimal formal education; and are disproportionately from economically disadvantaged and racially marginalized backgrounds (Maeve, 1999; Faith, 1993; Hannah-Moffat and Shaw, 2001; Carlen, 1999; Delgado, 2001).

Although these experiences reflect both psychological and social factors in relation to women's crime, research on women's prison programming tends to focus almost exclusively on the psychological 'deficits' of the women. As a result, research and policy about women in prison describes them as having low self-esteem, as being unable to cope or make sound decisions and as dependent upon men, drugs and the state (Task Force on Federally Sentenced Women, 1990). This construction of women's lawbreaking isolates women's psychology from their social circumstances and as a result illegal behaviour is pathologized, individualized and rendered irrational (Kendall, 2000; Pollack, 2000a). The Correctional Service of Canada has incorporated this understanding of women's lawbreaking into their 1990 document *Creating Choices*, which is the blueprint for recent women's prison reforms in Canada (Task Force for Federally Sentenced Women, 1990). They write:

The dependence on men, alcohol or drugs, and/or state financial assistance which is part of the lives of many federally sentenced women, has robbed them of the opportunity and ability to make choices. To break out of this dependent cycle, these women need to experience the success associated with making sound, responsible decisions (Task Force on Federally Sentenced Women, 1990, p. 56).

The claim that dependency makes women unable to make 'good' choices assumes that good choices are equally available to all people. This perspective reflects a meritocratic vision that assumes the inherent freedom of all people to pursue their own goals, and which obscures historical, social and political realities that define the availability of choices. Therefore, the individual who is unsuccessful in living independently has simply made bad choices (see Pollack (2000b) for a critique of this perspective).

Recently there has been an emergence of critical criminological scholarship that, rather than focusing upon 'the criminal mind', illustrates how particular groups of people are criminalized (Arnold, 1990; Chan and Mirchandani, 2002; Richie, 1996; Ross, 1998). This scholarship explicates the impact of socio-economic, racial and gender marginalization and how resistance to these circumstances may lead to criminalization. Such work is helpful for challenging dominant constructions of women's lawbreaking by bringing forth the impact of social context on the availability of choices. It also helps to depathologize women's lawbreaking by moving away from an exclusive focus on women's

psychology. Understanding the ways in which particular groups of people are positioned as 'criminal' and how certain behaviour is criminalized is an important aspect of anti-oppressive social work practice.

However, much of this work has remained largely academic and theoretical and has not been taken up by mental health practitioners, programmers, or policy makers. One of the most useful aspects of this literature for social work practice is that by illustrating how resistance to oppression is criminalized (such as running away from abusive homes, killing abusive husbands, illegal supplementation of inadequate welfare cheques) women's behaviour is contextualized, rather than individualized and pathologized. Social workers need to challenge individualizing discourses that construct women's law-breaking in purely psychological terms. Instead, we need to understand women's engagement with the various forces impacting her life and how she makes decisions within this context. This does not mean that mental health issues should or need not be addressed. The high prevalence of experiences of child and adult abuse as well as drug/alcohol addictions among this population creates a serious need for support in healing from trauma and dealing with substance abuse. It is important that social workers understand how coping with trauma and oppression impact on women's behaviour and the relationship of these experiences to lawbreaking. This is challenging within the prison context because the focus of programming tends to be exclusively on the antecedents of criminal activity¹ (conceptualized as criminal thinking, low self-esteem and poor coping skills) and how to transform the individual into a rational, independent, law-abiding citizen. It is crucial that we reconceptualize antecedents to include systemic and interpersonal factors such as poverty, racism, sexual violence and homophobia in order to address women's mental health needs within a wider social context.

Anti-oppressive frameworks and clinical practice: constructions of women prisoners' mental health needs

The theoretical underpinnings of AOP are drawn from feminist, anti-racist, critical, postmodern and post-structural frameworks (Payne, 1997; Harlow and Hearn, 1996). Although individually these theoretical frameworks are sometimes applied to mental health issues (in particular feminist and postmodern therapeutic models), the AOP social work literature has not substantially engaged with issues in clinical practice. There are two important contributions that an AOP framework can offer to clinical practice with women in prison: it can challenge deficit based constructions of women's mental health needs and provide an understanding of how women cope with and resist interpersonal and systemic oppression.

¹ Termed 'criminogenic factors' in correctional lexicon.

The literature on teaching anti-oppressive models of social work practice encourages students and practitioners to reflect upon the ways in which their own values, experiences and social locations are shaped by levels of privilege and oppression and how these characteristics impact on their relationship to clients (Miller and Jenkins, 1994; Preston-Shoot, 1995; Harlow and Hearn, 1996; Razack, 1999). In addition, it is crucial that we reflect upon how various client groups are constructed ideologically and discursively through *texts*, such as mental health policies and psychological assessment. Such a process helps both to contextualize one's own perspectives in relationship to dominant discourses and to facilitate an understanding of how 'expert' discourses, such as psychiatric and psychological, construct clients' experiences and dictate treatment interventions. This interrogation provides a framework in which to challenge oppressive assumptions and practices and opens up spaces to construct alternatives.

For example, currently the Correctional Service of Canada has initiated a federal treatment programme for women who are classified as high risk and who are 'difficult to manage' in the prison setting. These women are challenging for the prison system because they tend to exhibit a great deal of anger, refuse to participate in programming and are often self-injurious. Recently, as a way of 'managing' this group of women prisoners, a treatment model has been developed based upon the psychiatric diagnosis of Borderline Personality Disorder (BPD). Acquiring a BPD diagnosis is extremely problematic, as it is generally thought to be untreatable and thus permanent. It is a personality disorder that most mental health professionals are loathe to treat, and women with this diagnosis are generally viewed quite unfavourably in the mental health community (see Kendall and Pollack, *in press*). The office of the Solicitor General Canada (1999) reinforces the notion of the incurability of this 'disease' by stating:

Part of the trouble in understanding BPD is that it isn't a disease that can be cured with medication. Instead, it's a problem that permeates all the way down to the person's soul and manifests itself in extreme behaviours. It's hard to understand how someone who seems to be functioning well one minute can dissolve a minute later into a desperate, angry basket case (Solicitor General Canada, 1999).

Such a framing of the mental health status of these women is problematic for many of the same reasons as the general psychological and individualistic discourse is problematic. Women's behaviour is decontextualized, rendered irrational, and as a result social structures, including those existing in the prison, escape scrutiny. Moreover, approaches to mental health programming reflect a deficit based understanding of women in prison, constructing them in terms of what they lack (rationality, reason, coping skills, independence and self-esteem), rather than by their strengths and capacities.

It is well-documented that most women in prison have experienced child sexual and/or physical abuse and been involved in abusive relationships with

men (Philips and Harm, 1997; Heney and Kristiansen, 1998). The psychological effects of physical and sexual trauma, such as self-injury, depression, dissociation, and suicidal ideation, are often exacerbated in the carceral setting due to the lack of control women have over their lives (Heney and Kristiansen, 1998). As lack of control is the most salient feature of a prisoner's life, it is not surprising that some women's child abuse experiences, during which those with authority abused their power, will be reactivated while incarcerated. The question for mental health professionals is how do we understand emotional/psychological reactions to abuse and incarceration and how do we respond?

It is crucial that we do not uncritically accept the pervasive psychiatric discourse about women in prison. As Kendall (2000) illustrates, there is a long history of pathologizing women convicted of criminal behaviour and that currently the Correctional Service of Canada considers the majority of women in prison to have personality disorders. An AOP approach to women's mental health, following the lead of feminist therapeutic and social constructionist approaches (see Warner, 2001), should recognize the limitations of the medical model which decontextualizes women's actions and focuses upon individual deficits.²

It is important that we understand the myriad ways of coping employed by those who have experienced child abuse and abusive adult relationships. An AOP approach to mental health issues views women's behaviour both in terms of the effects of trauma *and* within an understanding of the social context in which they live. For women in prison, this means that women's behaviour need not be seen as a 'symptom' of a pathology but rather as containing *meaning*, such as a reaction to arbitrary power plays or as a means of coping with feelings of powerlessness. Such a framing does not exonerate women from taking responsibility, but it does allow a space for validating women's feelings, finding meaning in their actions, and to acknowledge the impact of the prison context on their behaviour. Warner (2001) writes that the effects of abuse, such as self-harm and dissociation, are often considered signs of mental disorder rather than as social productions. As a result, 'the "effects" of abuse constitute all that women *do*, as being all that women are, and ever can be. Narratives of women's pasts, then, foreclose their futures' (p. 129). We need to understand coping strategies as meaningful and comprehensible, rather than as symptoms of a psychiatric disorder (Warner, 2001).

An AOP mental health practice model creates spaces in which women can express their own perceptions about their lives, outside of dominant psychological scripts. Unlike many cognitive behavioural models for prisoners, which view attempts to understand experiences of marginalization as denial of

² However, even *strengths-based* perspectives, if not employed with an anti-oppressive analytic frame, may accept and perpetuate medical constructions of women's mental health that pathologize women offenders. For example, van Wormer (2001) advocates a 'strengths-restorative approach' to counselling women in prison, while simultaneously embracing psychiatric labels and their attendant assumptions.

criminal responsibility (Fox, 2001; Delgado, 2001), an AOP approach allows space for analysing the complex dynamic between oppression and personal agency. We need to look at how oppression circumscribes the availability of choices in order to contextualize how and why women make particular decisions. Such an approach breaks down the victim/agency dichotomy (in which one is viewed only as a victim of circumstances or conversely as a completely autonomous individual) and provides an analytic space for examining the interaction between personal agency and oppression (Pollack, 2000a; see also Warner, 2001).

The idea that women in prison are suffering from low self-esteem is a prevalent one and programmes in prison are designed to raise women's sense of self-worth (Pollack, 2000a). Yet, the structure and philosophy of these programmes generally do not alter the factors *in prison* that perpetuate women's negative self-images. This contradiction is one that exists both outside and inside the prison context and points to the very real need to create alternative programmes that do not only 'teach' women to feel better about themselves, but also provide an environment that counters these negative messages. It makes little sense to try and teach women to feel better about themselves without creating relationships and opportunities that enhance feelings of self-worth. Delgado (2001), for example, views self-esteem enhancement as a result of opportunities to develop skills, connect with family, develop racial and cultural pride, have creative outlets and develop new forms of knowledge, all of which contribute to attitudinal change.

The delivery of mental health services in prisons is a contested enterprise among feminists and other practitioners and activists lobbying for alternatives to imprisonment. The idea that individuals can heal and be 'empowered' within a disempowering context has been challenged (Kendall, 1994) and the complex of social work, psychology and psychiatric professions have been implicated in reproducing and regulating normative gender roles and decontextualized accounts of women's lawbreaking (Kendall, 2000). One of the most significant challenges is how to provide anti-oppressive services while being a part of a punitive, regulatory system. A starting point for the development of AOP services is an analysis of the prison context, its purpose and structure, and how women experience imprisonment.

The prison context

One of the central analytic principles of AOP is the impact of power differences within interpersonal, systemic and structural relationships (Preston-Shoot, 1995; Garcia and Melendez, 1997; Razack, 1999). AOP models focus upon the context in which people live and the interaction between unequal social arrangements and individual behaviour. AOP acknowledges the impact of 'structural inequalities, exploitative legal, social and economic

relationships' (Preston-Shoot, 1995, p. 16) upon the choices and behaviours of individuals and groups. When applied to women in prison this analytic lens brings into focus both the ways that power operates in prison and how women cope with imprisonment.

Prisons

Prisons are, by their very nature, institutions of social control mandated to 'rehabilitate' those who are deemed to have failed as citizens. As such, they are designed to punish, regulate, control and produce law-abiding individuals who can be safely returned to social life. This regulation and rehabilitation often reproduces patriarchal, racist and colonial practices. For example, in her examination of the history of Canadian women's imprisonment Hannah-Moffat (2001) illustrates how the regulation of women prisoners has historically reinforced traditional feminine roles from which women prisoners were thought to have deviated. Ross' (1998) study of Native American women in prison traces how the U.S. correctional system has functioned as an extension of colonial practices. Richie's (1996) study of African-American battered women shows how prisons perpetuate racist practices and reinforce white supremacist values. In addition, the power dynamics inherent in the prisoner/guard relationships reproduce abusive dynamics of child sexual abuse (Heney and Kristiansen, 1998). It is, therefore, important to recognize that, when providing services within the prison context, one is doing so within an institution premised upon particular notions of citizenry and social life and in which power and control are the predominant features of the environment.

Women's relationships in prison

As Bosworth (1999) has illustrated, women prisoners cope with and resist the realities of incarceration in varied ways. One method of coping is through the establishment of relationships with other imprisoned women. However, there are varied and disparate accounts by researchers of how to characterize relationships among prisoners, both those that are lesbian and those that are not. Typically, researchers have termed the relationships that develop among women 'pseudo-families' or 'play families' (Faith, 1993) and have attributed male and female roles to these social arrangements. The reproduction of heteronormativity is clearly present in both the frameworks used by researchers to study prison 'subculture' and by the prisoners' descriptions themselves. Institutional homophobia serves to legitimate and perpetuate these heteronormative standards (Pollack, 2000c).

Whereas some researchers have characterized prison relationships as exploitative and untrusting, my research is consistent with those who found relationships among women to be multifaceted, complex and in many ways supportive and sustaining (Faith, 1993; Pollack, 2000c). The relationships and

networks formed by women in prison often help to cope with isolation, powerlessness and the effects of abuse. Heney (1990), for example, found that there was an informal underground support system in prison for women who self-injured. Peers would take care of and dress women's wounds in order to ensure their safety and avoid detection by prison authorities. For many women, prison relationships are important connections for breaking isolation and the stigma of abuse by sharing stories, resisting racism (Ross, 1998) and for forming caring relationships that they had not experienced on the outside (Faith, 1993; Pollack, 2000c). It is through these relationships that women report acquiring an increase in self-esteem (Faith, 1993; Pollack, 2000c). These relationships carry much potential for the establishment of programmes such as peer support services, which formalize already-existing informal support networks (Heney and Kristiansen, 1998).

Critiques of AOP have suggested that the theoretical and practice perspectives of this model predominantly reflect the interests of academics who have appropriated the voices and experiences of marginalized groups and social service users. Wilson and Beresford (2000) argue that clients of social services are not included in the discourse or practice of AOP and that social work practitioners have not adequately analysed their own role in the reproduction of unequal power relations through social service provision. One method of dealing with the contradictory nature of providing AOP programming in prisons, and the imperative of involving service users in developing AOP services, is the establishment of alternative programming for women in prison. The following section discusses the potential of peer support services for women in prison as an alternative programme that acknowledges the power imbalances inherent in the context of service delivery and challenges the professional/client hierarchy.

Alternative programming: peer support services

The context of the prison must be acknowledged and programmes and services must be designed that recognize the reality of coercive service provision and the power dynamics of the prison setting. Peer support services are one method of taking into account the prison environment. There are several exemplary models of peer support services in women's prisons (Pollack, 1994; Delgado, 2001; Boudin, 1998). In Canada, for example, one programme trained women prisoners to be peer counsellors. Women were given a 12-week training course in basic counselling skills; suicide prevention; coping strategies for problems such as self-injury, eating disorders and addictions; women's socialization; and women's anger (Darke and Diamond, 1996). Peer counsellors were then available to provide crisis intervention, general support and advocacy for the prison population. An evaluation of this programme found that both the peer counsellors and recipients of the service said the programme decreased feelings of isolation and increased feelings of self-worth and autonomy (Pollack, 1994).

Another innovative peer support service is a programme called Aids Counseling Education (ACE) run by women prisoners at the Bedford Correctional Facility in New York State (Delgado, 2001). This programme provides education, support and training for women in prison living with HIV/AIDS. ACE members not only provide emotional and educational support to their peers but have active links to community agencies, through which they help prepare the community for the release of women living with HIV/AIDS. Such links are crucial and provide a model for connecting women in prison with community support and facilitating their transition back into communities. Members of ACE have also successfully found employment in HIV/AIDS support services in the community.

Another type of peer support programme, also at Bedford Hills Correctional Facility, is a psycho-educational counselling group for incarcerated mothers (Boudin, 1998). This therapeutic support group is facilitated by prisoners themselves and provides an excellent example of a peer-based psycho-social group counselling model (Boudin, 1998). Ten mothers in prison met five days a week for three months and explored the influence of their own pasts on their relationships with their children. The theoretical foundations of this group were drawn from feminist consciousness raising groups, group psychotherapy and the trauma recovery process (Boudin, 1998). The fact that the group was co-facilitated by prisoners, rather than by professional staff, greatly enhanced a sense of self-reliance and the autonomy of prisoner participants who have so few opportunities to author their own stories and define their own needs.

Although these peer support programmes are diverse in structure, content and purpose, they all reflect empowerment principles and an understanding of the impact of trauma, social inequalities, and prison power dynamics. The theoretical premises of these programmes acknowledge that the experiences of women in prison have been greatly shaped by systemic and structural oppression, such as those resulting from violence, racism, poverty, sexism and homophobia. The peer support model allows space for this discussion and provides an opportunity for women's own actions to be reflected upon, challenged and supported (Boudin, 1998).

Peer support programming also helps to counter the notion that women in prison have few skills, are unable to assume responsibilities, cannot be trusted, and are emotionally unstable. In Pollack's (1994) evaluation of the Peer Support Team in Canada, respondents stated that one of the most powerful aspects of the training was that professionals entrusted them with responsibility, which implicitly sent the message that they were capable. In a prison environment in which infantilization of women is common, such experiences are invaluable. Programmes based on principles of peer support acknowledge that there are issues better addressed by prisoners themselves rather than by a professional who is accountable to the prison.

Peer support services carry much potential for skill development and personal healing for prisoners. However, texts on counselling women in prison, while providing many different models for programming, do not include peer

support models (for examples, see Zaplin, 1998; Pollock, 1998; van Wormer, 2001). Instead, these texts tend to focus upon the 'expert' knowledge of mental health professionals and their own construction of women prisoners' needs.

Programming that provides room for women in prison to be involved in the development and delivery of services is consistent with the goals of AOP, which strive to challenge power imbalances within service delivery. As women in prison are a particularly discredited and pathologized group, opportunities that afford them responsibility and validation are rare. Programmes such as those discussed above are important efforts to challenge hierarchy and to situate women's experiences and needs within the social context of their lives.

Conclusion

The struggle between offering support services to women in prison and the very real possibility that these services will be complicit in perpetuating the regulation of women prisoners is a challenging one. However, this challenge is not unique to prison work; the social control/helping dichotomy is integral to the helping professions and is a tension that must be consistently grappled with by practitioners. As Rossiter (2000) argues, when working with and for marginalized populations, all our practices take place within power relations and oppressive social structures. There is, therefore, no 'innocent place' when doing this type of work. However, we must challenge how women prisoners are constructed and modify our practices so that they not only acknowledge the contradictions of AOP services within prisons, but also actively challenge the individualization and pathologization of women's behaviours.

We need to understand the multi-dimensional aspects of those factors which bring women into conflict with the law—understand that racial, class, and gender oppression intersect at individual, interpersonal and systemic levels in ways that limit choices for many women. The task of progressive mental health services for this population is to counter constructions of women offenders as having personality disorders, thinking deficits, or risks and needs that render them incapable of rational and reasonable behaviour. Rather, we need to draw upon feminist, post-structuralist and anti-racist theorizing that recognizes the impact of oppression on the availability of choices, on decision-making, identity development and behaviour. This also means moving from a deficit model to one that emphasizes women's strengths and acknowledges their varied and skilful modes of coping.

Such a reconceptualization involves an ideological, policy and programmatic shift in our approach to working with incarcerated women. It means that we must acknowledge the strengths and resources of this population and allow prisoners some degree of authority in defining their own needs and how best to meet them. Delgado (2001) suggests that social workers can play an important role in making this paradigm shift and in creating alternatives. He states that

by helping prisoners develop peer support services, social workers 'can act as brokers between inmates and prison authorities. Knowledge of external resources, in turn, can help peer-led programs by connecting them with outside agencies and providers' (Delgado, 2001, p. 136). The following six principles are adapted from Delgado's (2001) 'capacity enhancement' model for the correctionally supervised and are particularly relevant to the development of peer support services/programmes:

- 1 All individuals possess strengths and abilities.
- 2 The *process* of service development is as crucial as the outcome (i.e. how the programmes are conceptualized and organized is as important as the outcome of the programme).
- 3 Interventions must address a current need identified by participants themselves.
- 4 Social justice themes must be integrated throughout the service/programme.
- 5 Participants must have real and tangible mechanisms through which they contribute skills, knowledge and decision making.
- 6 Community links must be facilitated in order to rupture the self-containment of correctional programming, to foster community responsibility, and to bridge prisoners' transitions back into communities.

We must devise creative practices that operationalize the above assumptions within the prison environment. It is important for anyone attempting to work within the prison service to recognize that the environment replicates the oppressive dynamics many women offenders have experienced and that it presents serious obstacles to treatment and support programming. Programmes such as prisoner facilitated peer support are particularly well suited for facilitating empowerment, support, skill development and personal growth within the correctional environment.

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