

# Corrections and Forensics Fact Sheet



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## Definitions

**Correctional Rehabilitation:** is a process designed to help inmates become productive members of society.

**Corrections:** the treatment of convicted offenders through a system of incarceration, rehabilitation, probation, and parole; the administrative system by which these are effectuated.

The goal of correctional facilities is to prepare the incarcerated person to re-enter society.

**Felony:** a serious crime that is punishable in a state facility for one year or more.

**Fitness to Stand Trial:** the idea that a criminal defendant should, in a just social system, be able to mentally participate in their trial as well as be physically present dates back to the roots of English common law. 'Un-fitness to stand trial' therefore depends upon the presence of a mental disorder at the time of the trial. It is perfectly possible for a mental disorder to not affect fitness to stand trial but to affect criminal responsibility as the latter would be relevant only at the time that the criminal offence was committed.

**Forensic Patients:** Forensic patients are those who have been referred by the Courts for assessment or who have been declared as Not Criminally Responsible or Unfit to Stand Trial by the Criminal Justice System and admitted to a provincial forensic mental health system.

**Forensics:** Where the law and medicine meet. It is the study, assessment, treatment, rehabilitation and management of mental disorders in relation to violent or aggressive behavior

**Incarceration:** the act of placing someone in confinement or prison.

**Institutionalization:** a person becomes so dependent on the institution to satisfy his needs that he cannot survive psychologically, physically or emotionally without the institutional setting.

**Misdemeanor:** a less serious crime that is punishable in a country or local facility for one year or less.

**Nonviolent crime:** Crime that is perpetrated against property. Does not have a victim.

**Probation:** a pre-incarceration experience. After the offender has served a substantial portion of the sentence imposed by the court, he or she is released back to the community on a trial basis.

**Peaking:** the moment that a person realizes that it is he that must change, not society or those around him now he or she can change their vital behaviors.

**Recidivism:** relapse into criminal behavior.

**Self-concept:** Domain-specific evaluations of the self. Those who are socially deviant generally have poor self-concepts.

**Violent crime:** A crime that has a specific victim or potential victim.

## Historical Background

**1790:** One of the first holding facilities in the United States was established: the Walnut Street Jail in Philadelphia

**Prior to 1900:** Little or no recreation in prisons. Even though some prisons had libraries, inmates were not permitted to use them.

**1950's:** Recommendations were made at a "Recreation in Correctional Institutions" conference stating that recreation must be a distinct part of the correctional process.

**1966:** The importance of recreation in preparing an inmate for the outside world was recognized at the American Correctional Association congress

**1980's:** Recreation much improved, but most activities were highly organized team sports

**Today:** Recreation in correctional facilities ranges from rope courses to sports to music therapy

## Location

The following gives a list of where corrections and forensics can be found:

**Community Release Centers:** Inmates here are sent here about six months before being released into the community as a step down measure. Inmates often work a job 8 hours a day but then spend the rest of their time in the institution. The top priority here is to build job and life skills.

**Correctional Institutions:** The number one priority here are rehabilitation programs. Most inmates here will eventually be released back into the community but are serving terms over one year. The programs here will focus on occupational skills, social skills and skills for coping with psychological distress.

**Jail:** Have very few recreation programs due to the short-term nature of the inmates there. Mostly it is for holding persons awaiting trial or serving short sentences. A stay here is as short as 24 hours and may be as long as 364 days. The unlimited recreation options are aimed at releasing tension and energy.

**Juvenile Detention Centers:** Largely used just to house juveniles who have had interaction with law enforcement. Many of the local facilities use recreation solely as a time to release tension and energy with very little therapeutic value. State facilities usually incorporate recreation into the rehabilitation process.

**Prison:** Used to house the most high security risk inmates. There is often just one prison per state. At these facilities security is the main concern and limits recreation activities that are available. Only certain inmates would be able to do recreation.

**Treatment Centers:** These are designed specifically with treatment of serious mental and behavioral problems in mind. The number one priority here is the treatment of inmates' dysfunctions. Most inmates sent here are treated and then released back into the community.

# Populations

Characteristics of the population:

- Signs of serious psychiatric disturbance
- Come in conflict with the law
- May have committed relatively minor offenses
- Psychopath: usually normal in appearance but have emotional and behavioral dysfunctions; has clear perception of reality but feels no social or moral obligation to society.
- Sociopath: Displays asocial and antisocial behavior; is seldom confused with a normal person; often react out of shameless desires; often reclusive, and lack social skills.

## Four Main Categories of Mental Ill Offenders

### 1. Not guilty by reason of insanity

Plea in court of a person charged with a crime who admits the criminal act, but whose attorney claims he/she was mentally disturbed at the time of the crime and that the defendant had the incapacity to have intended to commit the crime. This plea requires that the court set a different trial with or without a jury to determine whether the defendant was mentally disturbed. Incapacity to have intended to commit the crime. Trial on issue of insanity alone. "Not guilty" may lead to incarceration in a mental facility for the criminally insane or confinement in a mental hospital. Psychological therapy is sometimes required as treatment depending on the state.

### 2. Incompetent to stand trial



Refers to a person who is not able to manage his/her affairs due to a mental deficiency. Mental deficiencies can include lack of I.Q., deterioration, illness, or psychosis. Sometimes it can include physical disabilities. Refers to a person who has the inability to understand the nature of the trial. In these cases, the defendant is usually institutionalized until he/she regains sanity and can be tried. This ruling leads to the appointment of a guardian or conservator after the hearing in which the party is found incompetent. This guardian handles the affairs and estate of the defendant. Another reason for an individual being ruled as unfit is if there is a reference to evidence during the trial, which cannot be introduced because it violates various rules against being allowed.

### **3. Mentally disorder sex offender**

One of the mental illnesses that can actually be diagnosed is Paraphilia. Paraphilia is a medical or behavioral science term for what is also referred to as: sexual deviation, sexual anomaly, sexual perversion or a disorder of sexual preference. It is the repeated, intense sexual arousal to unconventional (socially deviant) stimuli. Unconventional stimuli can involve a nonhuman object, a non-consenting partner such as a child, or pain and humiliation of oneself or one's partner. Found almost exclusively in males. Signs begin to show during early puberty and reaches full development by age of 20.

Signs of Paraphilia:

- Recurrent, intense sexual urges.
- Usually not suffering from co-existing major mental illness.
- Problem of labeling sexual arousal patterns.

- No impairment of reasoning.
- Do not think of themselves as mentally disordered.

#### **4. Mentally disorder inmate**

Either treated acutely within the prison or else released to a community based program.

Dangerous Offender: indefinite incarceration of individuals who pose extreme risk to the public (usually sex offenders but other violent offenders as well). Long-term offender legislation was introduced in 1997. A Dangerous Offender finding would automatically result in indeterminate sentence.

## Common Disorders

This is a list disorders that are commonly found among mentally ill inmates. It does not include all the disorders. The definitions of these disorders are taken from psychcentral.

### **Depression**

Clinical depression goes by many names -- depression, "the blues," biological depression, major depression. But it all refers to the same thing: feeling sad and depressed for weeks or months on end (not just a passing blue mood). This feeling is most often accompanied by feelings of hopelessness, a lack of energy (or feeling "weighed down"), and taking little or no pleasure in things that gave you joy in the past. A person who's depressed just "can't get moving" and feels completely unmotivated to do just about anything. Even simple things -- like getting dressed in the morning or eating -- become large obstacles in daily life.

### **Schizophrenia**

- Schizophrenia is characterized by a broad range of unusual behaviors that cause profound disruption in the lives of people suffering from the condition, as well as in the lives of the people around them. Schizophrenia strikes without regard to gender, race, social class or culture.
- Schizophrenia most often includes hallucinations and/or delusions, which reflect distortions in the perception and interpretation of reality. The resulting behaviors may seem bizarre to the causal observer, even though they may be consistent with the schizophrenic's abnormal perceptions and beliefs.

### **Bipolar**

Bipolar disorder (also known as “manic depression”) is a disorder that is often not recognized or misdiagnosed as simply depression by the patient, relatives, friends, and even physicians. An early sign of bipolar disorder may be hypomania — a state in which the person shows a high level of energy, excessive moodiness or irritability, and impulsive or reckless behavior for at least 4 days. Hypomania may feel good, thus, even when family and friends learn to recognize the mood swings, the individual often may deny that anything is wrong.

### **Alcohol or substance abuse**

Abuse of alcohol or a substance (such as cocaine, nicotine, marijuana, etc.) is generally characterized by a maladaptive pattern of alcohol or substance use leading to significant impairment or distress, as manifested by 1 or more of the following, occurring within a one year period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
- Recurrent alcohol or substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
- Recurrent alcohol or substance-related legal problems (e.g., arrests for alcohol or substance-related disorderly conduct)
- Continued alcohol or substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol or substance use (e.g., arguments with spouse about consequences of intoxication, physical fights)

## **Generalized Anxiety Disorder**

- Generalized anxiety disorder (GAD) is more than the normal anxiety people experience day to day. It's chronic and exaggerated worry and tension, even though nothing seems to provoke it. Having this disorder means always anticipating disaster, often worrying excessively about health, money, family, or work.
- People with GAD can't seem to shake their concerns, even though they usually realize that their anxiety is more intense than the situation warrants — that it's irrational.

## **Personality disorders**

Patterns of perceiving, reacting, and relating to other people and events that are relatively inflexible and that impair a person's ability to function socially.

### **Borderline**

- The main feature of borderline personality disorder (BPD) is a pervasive pattern of instability in interpersonal relationships, self-image and emotions. People with borderline personality disorder are also usually very impulsive, oftentimes demonstrating self-injurious behaviors (risky sexual behaviors, cutting, suicide attempts).

### **Anti-Social**

- Antisocial personality disorder is characterized by a long-standing pattern of a disregard for other people's rights, often crossing the line and violating those rights. It usually begins in childhood or as a teen and continues into their adult lives.
- Individuals with Antisocial Personality Disorder frequently lack empathy and tend to be callous, cynical, and contemptuous of the feelings, rights, and sufferings of others.

They may have an inflated and arrogant self-appraisal (e.g., feel that ordinary work is beneath them or lack a realistic concern about their current problems or their future) and may be excessively opinionated, self-assured, or cocky. They may display a glib, superficial charm and can be quite voluble and verbally facile (e.g., using technical terms or jargon that might impress someone who is unfamiliar with the topic).

### **Narcissism**

- Narcissistic Personality Disorder is characterized by a long-standing pattern of grandiosity (either in fantasy or actual behavior), an overwhelming need for admiration, and usually a complete lack of empathy toward others. People with this disorder often believe they are of primary importance in everybody's life or to anyone they meet. While this pattern of behavior may be appropriate for a king in 16th Century England, it is generally considered inappropriate for most ordinary people today.

## TR Implications

### “Prison City”

- Prison is just like any other community. All communities have an education system, a work place, a healthcare system and parks and recreation. Prison has these as well, just a little differently.
  - A recreational therapist works in prison city just like they would in any other community. They work with the mental health patients.

### Purposes of TR

There are three purposes of therapeutic recreation in a correctional setting:

1. **Diagnostic.** Which is part of the evaluation of the individual. The TRS takes into consideration all aspects of the inmate’s life. An important part of diagnosis is identifying the type of crime (violent or non-violent).
2. **Treatment.** This is where the TRS takes all the results of the diagnosis and puts together a treatment plan. Leisure activities are chosen based on what is favored by perpetrators of violent vs. non-violent crime.
  - Treatment is based on assessment; each patient has his or her own plan. Focus on:
    - Stress and anger management
    - Reality orientation
    - Treatment of psychosocial dysfunction
    - Providing a sense of achievement and progress and channeling energies into acceptable forms of behavior
    - Cognitive music exercise

- Relaxation
  - Exercise
  - Overcoming boredom
3. **Diversion.** This is the portion of the recreation program that allows the inmate to release anger and frustration, and forget the harsh environment of incarceration.

**In a correctional setting the purpose of CTRS is to help inmates:**

- Develop leisure skills
  - Teach inmates new skills in prison so that they have activities to do when they leave prison
- Reduce criminal recidivism
- Assist in their transition to community living
- Develop new occupational, behavior, social and recreational skills
- Bring about a positive change that will ultimately lead to a better life
- Increase physical health
- Increase mental health
- Develop stronger social abilities

**Types of Recreation Found in Correctional Facilities**

- Physical Fitness and Sports
- Social Recreation
- Crafts and Hobbies
- Visual Arts
- Mental and Physical Self-Awareness
- Music



- Drama and Creative Movement
- Spectator Events

### **Benefits of a TR career in Corrections and Forensics**

- The clients have a lot of time
  - They aren't going anywhere soon. They will be around for a CTRS to implement their whole plan to help them
- Fastest growing career in the TR field
  - Need more CTRS
- Constantly growing population
- Good job security as well as benefits

## Additional Information

### State of Utah Requirements for Forensic Mental Health Facilities

R525-8-2. Forensic Mental Health Facility.

(1) Pursuant to the requirements of Section 62A-15-902(2)(c), the forensic mental health facility allocates beds to serve the following categories:

(a) prison inmates displaying mental illness, as defined in Section 62A-15-602, necessitating treatment in a secure mental health facility;

(b) criminally adjudicated persons found guilty and mentally ill or undergoing evaluation for mental illness under Title 77, Chapter 16a;

(c) criminally adjudicated persons found guilty and mentally ill or undergoing evaluation for mental illness under Title 77, Chapter 16a, who are also mentally retarded;

(d) persons found by a court to be incompetent to proceed in accordance with Title 77, Chapter 15, or not guilty by reason of insanity under Title 77, Chapter 14; and

(e) persons who are civilly committed to the custody of a local mental health authority in accordance with Title 62A, Chapter 15, Part 6, and who may not be properly supervised by the Utah State Hospital because of a lack of necessary security, as determined by the superintendent or his designee.

(2) Additionally, the beds serve the following categories:

(a) persons undergoing an evaluation to determine competency to proceed under Title 77, Chapter 15; and

(b) persons committed to the state hospital as a condition of probation under Subsection 77-18-1(13).

These are a set of guidelines by the State of Utah in which someone suffering from a Mental Disorder who has broken the law and now are in the system. They will be able to get the treatment they need in a mental healthcare facility, and prison.

## **NCRA**

The NCRA is the National Correctional Recreation Association. The following comes from a pamphlet produced by the NCRA in March 1995:

### **History:**

The National Correctional Recreation Association (NCRA) was founded in 1966 by a small group of correctional recreation leaders. These recreation leaders were largely custody officers who had displayed an interest in sports. Finding themselves assigned to the gym and yard areas, directing programs in weight lifting, baseball, and football, they banded together for mutual support and education.

Today, the NCRA is composed of practitioners at the federal, state and local levels, including juvenile, medical, and community-based facilities. A growing emphasis on inmate health promotion and the professional preparation of future correctional recreation practitioners continues to expand our scope.

### **NCRA OBJECTIVES**

- To create and maintain professional standards in the field of correctional recreation.
- To create and foster interest in correctional recreation.

- To inform professionals, inmates, and the public at large of the requirements and benefits of correctional recreation programs.
- To encourage opportunities for constructive use of leisure time during incarceration and upon release.
- To help reintegration of the inmate to society through recreational experiences.
- To provide a means for communication among professionals interested in correctional recreation through formal and informal support mechanisms, an annual conference and training institute and publications.

## Articles

The following is an excerpt of a report taken from the Vera Institute of Justice, about mentally ill patients in prisons.

“Among the many disadvantaged people in jails, the largest group by far is people with a mental illness. Jails have been described as the “treatment of last resort” for those who are mentally ill and as “de facto mental hospitals” because they fill the vacuum created by the shuttering of state psychiatric hospitals and other efforts to deinstitutionalize people with serious mental illness during the 1970s, which occurred without creating adequate resources to care for those displaced in the community. Serious mental illness, which includes bipolar disorder, schizophrenia, and major depression, affects an estimated 14.5 percent of men and 31 percent of women in jails—rates that are four to six times higher than in the general population.<sup>27</sup>

According to the BJS, 60 percent of jail inmates reported having had symptoms of a mental health disorder in the prior twelve months. People with serious mental illnesses are often poor, homeless, and likely to have co-occurring substance use disorders and, thus when untreated, are

far more prone to the kinds of public order offenses and minor crimes that have been the focus of law enforcement in recent years and have helped swell jail populations. The prevalence of people with mental illness in jail is at odds with the design, operation, and resources in most jails. Characterized by constant noise, bright lights, an ever-changing population, and an atmosphere of threat and violence, most jails are unlikely to offer any respite for people with mental illness. Coupled with the near-absence of mental health treatment, time in jail is likely to mean further deterioration in their illness. According to the latest available data, 83 percent of jail inmates with mental illness did not receive mental health care after admission. The lack of treatment in a chaotic environment contributes to a worsening state of illness and is a major reason why those with mental illness in jail are more likely to be placed in solitary confinement, either as punishment for breaking rules or for their own protection since they are also more likely to be victimized. While most people with serious mental illness in jails, both men and women, enter jail charged with minor, nonviolent crimes, they end up staying in jail for longer periods of time. In Los Angeles, for example, Vera found that users of the Department of Mental Health's services on average spent more than twice as much time in custody than did the general custodial population—43 days and 18 days respectively.

### **Costs and consequences**

The growth of jails has been costly in many ways, contributing little, if at all, to the enhancement of public safety. From 1982 to 2011, local expenditures on corrections—largely building and running jails—increased nearly 235 percent. The increasing direct costs of operating jails, however, are matched by the indirect costs and consequences of jailing people who do not need to be there or holding them for longer than necessary. These consequences—in lost wages, worsening Serious mental illnesses ,physical and mental health, possible loss of

custody of children, a job, or a place to live—harm those incarcerated and, by extension, their families and communities. Ultimately, these consequences are corrosive and costly for everyone because no matter how disadvantaged people are when they enter jail, they are likely to emerge with their lives further destabilized and, therefore, less able to be healthy, contributing members of society.<sup>34</sup> Of the more than \$60 billion spent annually on correctional institutions, \$22.2 billion, or about one third, is spent by local jurisdictions.<sup>35</sup> Even this figure fails to capture the true costs of jails to local jurisdictions, as money spent on jails— for pension plans for staff for example, or healthcare for inmates—often comes out of the budget of non-correctional agencies. Cities and counties have to cover most costs themselves, drawing on the same pool of tax revenue that supports schools, transportation, and an array of other public services.”

The following is an excerpt of a study done to evaluate the effects of recreational activities in prison. In this study the researchers visited different prisons and interviewed inmates to gather information about the recreational activities influence on inmates. It is take from *Recreation or rehabilitation? Managing sport for development programs with prison populations* by David Gallant, Emma Sherry, and Matthew Nicholson.

#### **4.1. Site one**

The prison in the first case study is a maximum security facility for men only. The facility is located near Melbourne, Australia. The prison has a combined capacity to house almost 1000 prisoners. There are two noteworthy characteristics of the facility that provide context for this case study. Firstly, the facility is privately operated; in recent history, Australian penology has seen an increasing trend towards privatised prisons. Secondly, all the case study participants were housed in a special unit that monitors and supports intellectually disabled offenders. In this

case study, 12 male inmates with intellectual disabilities were interviewed; some reported concurrent mental disorder diagnoses. The age range was approximately 20-60 years old.

A weekly soccer program was established in partnership with a not-for-profit organisation. The program was designed to provide increased access to sport and recreation opportunities and to facilitate a stronger transition process to the community upon release. The 12 inmates participated in interviews across a 10-week data collection.

All participants discussed positive mental and physical health outcomes as a result of participation in the soccer program. Participants stated that they had an increased sense of happiness and reduced feelings of stress, anxiety, and tension. As one interviewee noted, “Wednesday is a good day. It releases it all out, everyone out there playing their hearts out, training, all the stretches as well you know? It's good for their mind; it's good for my mind too.” Furthermore, many of the inmates also perceived a positive change in their physical health: “You work out too, you know, where you’ re not just sitting around lazy all day. You’ re working your body out.” Two of the inmates reported that they had reduced their smoking habit because they were focusing on bettering their health, specifically to play soccer. Some of the participants also discussed how they perceived the soccer activity as a diversionary service. This was encapsulated by one inmate who stated that “as I said, it bides time and that's what you want in here. Something that makes the day go passed.” Some inmates suggested that the soccer program created a diversion from everyday issues that could occur in the unit: “Wednesday after soccer, everyone has a nice sleep, everyone's all quiet by the time we get out, there's no tension in the unit, there's no anger between anyone because everyone's all nice and quiet and tired.” Inmates also spoke about their participation in the soccer activity as being a

privilege in prison; furthermore, it was noted that this privilege was a significant motivation for participants to modify their behaviour in the unit: “Yeah it all new different prison when they come in [visiting teams and coaches] because you have to be on our best behaviour. We can’t do nothing wrong.”

Finally, inmates discussed how they had learned new skills playing with other inmates and against visiting teams. Another outcome of the program was the opportunity for program staff and visitors to model appropriate social behaviours. Inmates often learned and rehearsed these behaviours in a controlled and supportive environment. The program manager described this experience:

It's the little things like, respect for our people, for the visitors that come in. They'll go up and talk to them. Greet them. They'll sit down and have conversations with them. They run around asking, “Do they want a drink of water?” Especially the meals, which I've done intentionally—taken away their normal lunches that they have here and put on finger food. These guys all stand back and wait for the visitors to have theirs first. Then they'll go in and help themselves, but, they show a lot of respect.

One of the primary outcomes noted by inmates was that their interactions with visiting community members provided opportunities to demonstrate their newly learned social skills. This, in turn, fostered a sense of pride and achievement.

#### **4.2. Site two**

The facility in Case Study 2 is relatively small; it houses approximately 150 female inmates of all classifications (minimum, medium, and maximum security). The prison is located near a regional city in Queensland, Australia. The case study focused primarily on an ongoing softball program delivered biweekly in the prison by a not-for-profit organisation. One of the key aims of



this program was to engage inmates in sport as a method of rehabilitating prisoners during their confinement. In total, 12 female inmates participated in interviews.

The majority of inmates discussed how they had perceived improvement in their mental and physical health as a result of their participation in the sporting activities. As one noted, “My social interactions have definitely changed. I was actually really, really, really, really quiet in here—I kept to myself—I didn’t interact with anyone really—and yeah that’s definitely helped in that regard.” Some of the inmates also stated that just going out to the activities to socialise was a great way to reduce their stress and anxiety within the prison: “It reduces my stress and anxiety ... I go out and sit down, have a yarn with her [program facilitator].” A number of the participants also noted that they felt that their overall mood had been lifted due to participation in the activities: “I look forward to Friday, every Friday. It’s something that I do look forward to and it does actually lift my mood.” A few of the participants stated that they felt that their overall physical health had also improved: “It’s exercise and it’s for myself too.”

Many of the participants indicated that the activities provided a diversion from the daily monotony of prison life: “I just hope it stays cause’ [otherwise] the girls will have nothing to do ...they’ll be sitting there doing nothing and just bore their life away.” Furthermore, the inmates also stated that the activity provided them with a constructive outlet to vent their frustration and anger: “I’ve never seen a jail so happy. Normally they’ re arguing and all that, but when [activity coordinator’s name removed] gets us out there, there’s no arguing—we’re all just getting along... It’s really good.”

Inmates stated that their participation in the program was a privilege. Several inmates believed that the program served as an incentive to improve behaviour; many maintained good

behaviour to avoid being removed from the program: “It helps us...when we’ve got something to work towards, well then it helps us to be good.”

### **4.3. Site three**

The prison in this case study is located in Tasmania, Australia, just outside the capital city; it houses both male and female inmates. The prison contains over 200 maximum and medium security male inmates, over 100 minimum security male inmates, and at least 30 female prisoners of all security classifications. In total, seven inmates participated in interviews (four men and three women). The case study focused primarily on inmates’ participation in an organised physical exercise program delivered by a not-for-profit organisation. The program was run on a rotating weekly basis with different cohorts of inmates. The primary aim of the program was to provide meaningful physical activity to occupy inmates’ time and to develop links to similar established programs in the community (which inmates could access once released). Some of the activities run in the prison complex included soccer, football, softball, and a boot camp.

The majority of inmates discussed how the activities helped them to pass time and alleviate boredom whilst in prison: “It gets you out of the division... otherwise you’re just warehoused in a division with no movement.” Several of the male inmates indicated the diversion provided by sporting activities helped to reduce issues arising from inmate boredom: “[Boredom] definitely leads to arguments with officers, *jack-ups* in jail.” Female inmates stated that the activities allowed them to forget where they were for a short period of time: “It’s great—it takes your mind off where you are ... you just concentrate on the activity.”

When discussing their health, the majority of inmates stated that their mental and physical health had been poor prior to participating in the activities: “Not in a great place...very stressed, not

eating, not sleeping.” Inmates perceived their health to have improved because of their participation in the activities. Inmates suggested that the activities provided them with an outlet to cope with stress and anxiety: “Healthy body, healthy mind ... definitely notice that after a football game.”

Both male and female inmates spoke about how the physical activities contributed to their personal growth: “I’m just a sports nut... I know it assists my personal growth ...It's been awesome for me.” Inmates stated that the activities provided them with a personal challenge; when they contributed positively to an activity, they felt good about themselves. As one participant stated, “[I] feel a sense of belonging... [a] sense of achievement.” Finally, many of the inmates spoke about their willingness and desire to connect with similar programs upon release from prison. Inmates stated that having a similar program in the community may help to avoid returning to prison: “Something to look forward to instead of hanging around the old crew.”

#### **4.4. Site four**

The prison visited for this case study is located in Central Australia. The facility can accommodate over 300 prisoners of all security levels; whilst the facility typically holds male prisoners, the prison can also hold female inmates in a specialist wing. The final case study focused primarily on participation in an organised Australian Rules football competition, which was facilitated by a not-for-profit organisation. Local football teams were brought into the prison every other week to play against a team of prisoners. At the completion of the season, inmates were also allowed to participate in the finals, which were often held at off-site locations. The

primary aim of the program was to provide meaningful physical activity to occupy inmates' time and to develop stronger links with the community.

In total, six male inmates participated in interviews. Participant access was limited at this location because of the language barrier between inmates and the researcher, as substantial number of inmates identified as Australian Indigenous men, and often spoke English as a second or third language.

Unlike the inmates from the other three sites, only a few inmates stated that the football program helped to improve physical health; only one participant perceived improvement in mental health:

“Better than sitting down doing nothing ...keeps me happy.” Whilst inmates did not directly perceive any improvement in their mental health, several stated that the football program helped to reduce stress and anxiety related to family issues occurring on the outside: “Takes my mind off the phone sometimes.” All of the inmates believed that the program was an effective diversion from their current environment: “Makes my time easy...just concentrating on what you' re doing in here.”

Several inmates specifically discussed the importance of football to Indigenous communities. They reported that the skills they were learning in the program would serve as model behaviour once released: “I like to show the young men they can carry on with it [football]... they can be role model when they go home. They can take their skill back to where they come from.” A few of the inmates believed that in order to continue changing their behaviour, it was important to continue playing football once released: “It is important to take it from the inside to the outside, carry on with it—even for me—I might start back when I go home.”

The inmates also stated that the football program created harmony amongst the different Indigenous groups in the prison: “We are one team—brothers, cousins and nephews.”

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