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————— **Research Report** —————

**Twenty years later:  
Revisiting the Task Force on  
Federally Sentenced Women**

Ce rapport est également disponible en français. Pour obtenir des exemplaires supplémentaires, veuillez vous adresser à la Direction de la recherche, Service correctionnel du Canada, 340, avenue Laurier Ouest, Ottawa (Ontario) K1A 0P9.

This report is also available in French. Should additional copies be required, they can be obtained from the Research Branch, Correctional Service of Canada, 340 Laurier Ave., West, Ottawa, Ontario, K1A 0P9.



**Twenty Years Later:  
Revisiting the Task Force on Federally Sentenced Women**

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July 2010



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## Executive Summary

**Key words:** *women offenders, Task Force on Federally Sentenced women, Shaw survey*

In 1989 a Task Force was established to review the Correctional Service of Canada's approach to the management of women offenders in federal correctional facilities. As part of this, research was initiated to survey federal women offenders in order to examine their lives, needs and experiences before, during and after incarceration (Shaw, 1991). The results of this survey contributed significantly to *Creating Choices*, the groundbreaking report put forth by the Task Force, which suggested a number of recommendations that ultimately resulted in changes to the existing management practices concerning women offenders. It has been 20 years since this report launched CSC into reforming its approach to women's corrections; given the passage of time and the noted improvements that have been made since, an update to the original 1989 survey was identified as a research priority.

Accordingly, an updated version of the original survey was developed and distributed to all women's correctional facilities. All women serving time in a federal women's institution between October 2007 and January 2008 were invited to participate. Of the 520 women who were available to participate, 178 responded to the survey, representing 34% of the population of women incarcerated in Canada's federal correctional system. Similar to the survey conducted in 1989, results provide a profile of the lives, experiences, and needs of federally incarcerated women. More specifically, results from the survey include information on physical and mental health, substance use, victimization, self harm, children and family, education and employment, recreation and exercise, relationships with staff and other women inmates, programming, and release. Additionally, results highlighted areas of women's corrections that have improved, as well as areas that may still benefit from further development.

Results were largely positive and revealed an overall improvement with regard to the management of federal women offenders since the original survey. Among other improvements, women reported positive offender-staff interactions, and an increase in the services and programs available to women was noted. Some results revealed areas where development could still be made, with women reporting a desire for increased access to health care services, more frequently run programs and additional contact with community supports and contacts to assist with the reintegration process.

Overall, this study was successful in achieving its goal of providing an updated profile of the needs of federal women offenders in Canada. Additionally, it highlighted consistencies and differences between the original and current samples, as well as areas of women's corrections that have been improved since the original survey and those areas that may benefit from future development. Future research may consider replicating the survey on specific offender sub-populations (e.g., Aboriginal, older women, women in the community).



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## **Introduction**

In 1989 the Commissioner of the Correctional Service of Canada established the Task Force on Federally Sentenced Women to examine the lives and experiences of women serving federal sentences in Canada. The mandate of the Task Force was extensive; they were to examine the management practices of federal women offenders and develop a plan and guidelines for policies and interventions concerning the future of women's corrections (Task Force for Federally Sentenced Women, 1990). The central element to this Task Force, and what set it apart from previous initiatives pertaining to women offenders, was the consideration that was given to the thoughts, experiences and opinions of the women themselves.

In order to give voices to these women and those individuals who work closely with them, a number of research initiatives were commissioned as part of the Task Force. In all, five such projects were initiated to contribute to the goals of the Task Force – two of which were designed to survey non-Aboriginal and Aboriginal women about their experiences in, and outside of, federal incarceration, and three of which were designed to examine the historical context of women's corrections in Canada and acquire knowledge of programs and services that would benefit women offenders<sup>1</sup>. This research set the framework for the progressive changes to women's corrections that followed. As a result of the efforts of the Task Force, since the early 1990s, Canada's approach to federal women's corrections has changed significantly.

### **The 1989 Survey of Federally Sentenced Women and Outcomes of the Task Force**

As briefly noted above, one of the research projects commissioned as part of the Task Force was to survey and interview as many federal women offenders as possible. The goal of this particular research study was to interview women in correctional facilities and those being supervised in the community about their experiences during incarceration, where and under what conditions they would like to serve their sentences, and what their needs were in relation to services and programming (Shaw, 1991). Information was collected from 84% ( $n=170/203$ ) of the incarcerated population of women, in addition to a number of women who were on supervision in the community (Task Force on Federally

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<sup>2</sup> As outlined by the Task Force on Federally Sentenced Women (1990), these five research initiatives included 1) Shaw's original 1989 Survey of Federally Sentenced Women; 2) a similar survey interview that set out to examine the lives and experiences of Aboriginal women serving time in the community; 3) an historical overview of women's imprisonment (both in Canada and internationally); 4) an analysis of programs, services and opportunities for women serving long sentences in the US; and, 5) an inventory of all programs available to Canadian federally sentenced women in both provincial and federal institutions.

Sentenced Women, 1990). Results of the interviews were amassed into a report entitled “Survey of Federally Sentenced Women” (Shaw, 1991) and presented to the Task Force.

The Survey was essential in: 1) providing a broader picture of women involved in the Canadian federal correctional system; 2) presenting the women’s views of incarceration; 3) presenting their experiences with current treatment and programs; and 4) discussing where women would prefer to serve their sentences. What became evident through this process were the hardships experienced by these women, in their lives both outside the criminal justice system and within (Task Force on Federally Sentenced Women, 1990).

Armed with a more in-depth understanding of the experiences and needs of incarcerated women, the Task Force assembled a final, groundbreaking report, “Creating Choices: The report on the Task Force on Federally Sentenced Women”. In this report, along with a number of short- and long-term suggestions for reforming women’s corrections, the Task Force suggested five principles for change in which all their recommendations and goals were rooted. To capture these principles, the Task Force proposed the following guiding statement of principles.

The Correctional Service of Canada, with the support of communities, has the responsibility to create the environment that empowers federally sentenced women to make meaningful and responsible choices in order that they may live with dignity and respect (Task Force on Federally Sentenced Women, 1990, p. 117).

Through the goals, recommendations and guiding principles brought forward in this report it was acknowledged that extensive revision needed to be made to CSC’s management practices used with federal women offenders.

Since the initial recommendations were made by the Task Force in 1990, significant changes have occurred to women’s corrections. The sole federal institution for women offenders at the time, the Prison for Women (P4W), was closed, five regional facilities designed as community living environments and an Aboriginal healing lodge were opened, and strategies were developed and put in place to guide programming and release options for women (MacDonald & Watson, 2001). Ultimately, the information provided by the initial survey, these recommendations, and the principles of the Task Force’s report, brought a women-centred focus into women’s corrections in Canada.

## **Current Study**

Despite the fact that “Creating Choices” is now nearly twenty years old, the principles, guidelines, and philosophies embedded within remain deeply rooted in CSC’s approach to women’s corrections. While the guiding principles from the Task Force are still fundamental, given the passage

of time and the improvements that have occurred since then, the Survey report itself and the data within are outdated and, consequently, require updating. Through a review of recent literature, areas from the original survey identified as still pertinent to women offenders include, but are not limited to: health concerns (e.g., Acoca, 1998; Young & Reviere, 2001), addiction (e.g., Alleyne, 2006), abuse and victimization (e.g., DeHart, 2008), self-harm (e.g., Blanchette & Brown, 2006), family responsibilities (e.g., Covington, 2004; Moe & Ferraro, 2006), and education and employment (e.g., Bloom, Owen & Covington, 2003; Delveaux, Blanchette, & Wickett, 2005). Issues that could affect women during their incarceration or upon release were also incorporated in the current survey, including such areas as relationships with staff and other women offenders, involvement in correctional programs, living conditions within Federal Correctional Facilities, and anticipated requirements upon the woman's release (e.g., Bloom et al., 2003; Covington, 2004). Information in each of these areas were sought through the current survey process and will contribute to the organization's ability to manage and rehabilitate women with the ultimate goal of successful reintegration into the community.

A replication of the aforementioned Survey (Shaw, 1991), also respects the mandate of the Corrections and Conditional Release Act (CCRA, 1992) as it provides offenders with the opportunity to contribute to decisions which may affect the population as a whole. By completing the survey, incarcerated women will be given the chance to reflect on their experiences during their incarceration, the elements they feel are working and those that they feel could be changed or improved upon. This will provide women with the opportunity to raise their concerns; thereby providing feedback which would otherwise remain unknown. This further provides the opportunity for empirically based research to guide and inform operations and policy impacting women offenders serving time in Canada's Federal Correctional system. Additionally, by providing insight on the personal experiences and needs of women both prior to and throughout their involvement in the Canadian federal correctional system, the current study will contribute to the growing body of literature on women offenders and will provide further knowledge and understanding of women serving time in the federal correctional system.

## **Report Layout**

Following this introduction, within the body of the report, readers will be able to find 1) a detailed methodology of how the study was conducted; 2) seven chapters that present results and discussion pertaining to key areas identified as priorities among women offenders and for the Correctional Service of Canada; and 3) final discussion, future directions and concluding remarks.

Given the myriad of information and feedback that were collected from the survey, as mentioned above, results and related discussion will be presented by chapters. Within each chapter, results of the

survey will first be presented and then followed by pertinent discussion material. The discussions serve one or more of three main purposes within the report. First, discussion will allow for comparisons between the original 1989 survey and the current, updated survey. Second, the discussion of the current survey results will be linked to relevant supporting and/or dissenting empirical evidence. Third, operational procedures/policies, realities and recommendations will also be discussed in relation to the current survey findings. Finally, a concluding commentary of the extent to which CSC has incorporated the principles advanced by the Task Force into women's correctional management and treatment practices will be undertaken.

## Method

The present study used a largely descriptive research methodology, similar to that used by Shaw (1991). The present study focused on the lives, experiences and opinions of federal women offenders in Canada. The goals were twofold: first, to provide an updated profile of the needs and perspectives of these women; and second, to examine the extent to which CSC has integrated the principles advanced by the Task Force within their correctional management and treatment practices. This will provide an opportunity to reflect on the effective changes that have occurred, and areas where room for continued improvement in the future exists.

### Recruitment Strategy

In August 2007 a memo was sent to the Deputy Wardens of all federal women's institutions across Canada, informing them about the current study. Site contacts were then identified permitting researchers to collaborate with site staff in order to coordinate the administration of the survey at each of the institutions. Seven institutions were approached to be involved in this research, including the five regional, multi-level women's facilities: 1) Nova Institution for Women in Truro, NS ( $n = 67$ ); 2) Joliette Institution in Joliette, QC ( $n = 84$ ); 3) Grand Valley Institution for Women in Kitchener, ON ( $n = 143$ ); 4) Edmonton Institution for Women in Edmonton, AB ( $n = 128$ ); and 5) Fraser Valley Institution in Abbotsford, BC ( $n = 62$ ). In addition, survey packages were sent to: 6) Okimaw Ohci Aboriginal Healing Lodge near Maple Creek, SK ( $n = 32$ ); as well as 7) Isabel McNeill House<sup>2</sup> in Kingston, ON ( $n = 4$ )<sup>3</sup>.

Packages (described below) were mailed to the facilities in October 2007 and, with the help of the site contacts and correctional officers, were distributed to all women. Once interested women agreed to become voluntarily involved, signed the informed consent, and completed the surveys, they were return mailed to the Correctional Service of Canada's National Headquarters (NHQ) in Ottawa. The last survey arrived at NHQ in January 2008.

### The Survey Package

Included in the survey packages distributed to the women were a letter of intent outlining the purpose of the survey and guaranteeing confidentiality and anonymity, an informed consent form, the survey, and a self-addressed and postage-paid envelope (see Appendices). It was estimated that it would

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<sup>2</sup> Isabel McNeill House is a home designed to assist women successfully reintegrate into the community and can hold up to ten minimum security women. No women who were serving their sentence at Isabel McNeill House responded. As such, no information was gathered.

<sup>3</sup> The sample sizes represent the approximate number of women incarcerated at respective institutions in September 2007 when data collection was initiated (CSC, 2008c).

take the women approximately 45-60 minutes to complete. As this study was intended to replicate, and thereby provide an update of Shaw's original 1989 study, the current survey was designed to be similar to the one used in the original research. The survey itself was developed in-house and covered the same areas of interest as the 1989 survey. Questions in the survey used in the current study revolved around the women's needs and experiences with regard to the following key areas: 1) Physical and Mental Health; 2) Drug and Alcohol Use; 3) Victimization; 4) Self-harming Behaviour; 5) Children; 6) Family and Community; 7) Education and Employment; 8) Diet, Exercise and Recreation; 9) Relationships with Staff; 10) Relationships with other Women Inmates; 11) Programming; 12) Contact with Community Partners and Outside Volunteers; 13) Accommodations; and 14) Release.

For the most part, questions in the current survey paralleled those from the original. As the original was administered as an interview, and the current was to be completed as a pencil-and-paper survey, certain changes had to be implemented in order to facilitate the current approach. Specifically, categories and answers were provided for the women to be able to select their responses, and a few questions were reformatted to allow for the current method of data collection to be effectively employed. Furthermore, additional questions were included in the current survey in order to reflect changes that have been made within CSC since the time of the original survey. Largely, this was the case when questions were posed regarding programming or institutional settings. As previously mentioned, regional facilities and an Aboriginal healing lodge have been opened since the original survey; therefore, questions were included in the current survey to allow researchers to collect information regarding each of these facilities and thereby reflect the extent to which CSC has integrated the principles and recommendations of the *Creating Choices* report. Most questions contained in the survey were styled in a multiple choice format; however both closed- and open-ended questions were used. To see the questions used in the survey, refer to appendix B.

## **Sample**

As discussed above, all women incarcerated in Canada's federal women's facilities between October 2007 and January 2008 were given the opportunity to participate in the survey. In all there were approximately 520 women inmates in federal custody at the time the surveys were distributed<sup>4</sup>. A convenience sampling method was used and 178 women chose to complete the survey. This represents 34% of the federal women inmate population. Demographic information for the current sample is outlined in the first chapter of this report.

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<sup>4</sup> The approximate number of women in federal custody was extracted from the Corporate Reporting System for September 2007 when data collection commenced (CSC, 2008c).

## **Data Analysis**

Quantitative data (e.g., demographic information, Likert scale data) were entered and analyzed using SPSS software. Raw data were cleaned using conventional data cleaning measures and any issues that could potentially affect the integrity of the data analysis were identified and resolved. Qualitative responses were transcribed in preparation for analysis via thematic coding. Prior to in-depth analyses of specific survey sections, demographic characteristics of the women who responded to the survey were examined. Frequency distributions for all survey questions were analyzed and qualitative responses were examined for reoccurring themes. In order to determine if any significant differences existed between groups (e.g., Aboriginal vs. non-Aboriginal, violent vs. non-violent), chi square analyses were conducted where appropriate.

## CHAPTER I: A Profile of Federal Women Offenders

Within this introductory chapter, a profile of the women who participated in the survey is presented. Results in this section present such demographic characteristics as age and ethnicity, a profile of the women's current offences, and their distribution across the regional women's correctional facilities. To demonstrate the representativeness of the current sample, comparisons will be drawn between these results and those of recent research on women serving time in the federal correctional system (Kong & AuCoin, 2008).

Just over half of the women who responded to the survey (53.0%) were serving sentences at Edmonton Institution for Women (EIFW) and the Nova Institution for Women (see Table 1). It appears that, for most institutions, the proportion of survey participants is reflective of the distribution of women across the regional complexes; however, two institutions seem somewhat misrepresented by survey participants. Particularly, women from Nova Institution are overrepresented in comparison to the proportion of women offenders located at this facility (23.2% of survey participants, versus 12.9% of the incarcerated population), while it appears that women from GVI are underrepresented in comparison to the proportion of women serving sentences at this facility (14.3% versus 27.5%).

*Table 1.* Comparison of Survey Participants and Incarcerated Population by Institution

Institution Name	Survey Participants		Incarcerated Population <sup>a</sup>	
	<i>n</i>	(%)	<i>n</i>	(%)
Nova Institution for Women	39	(23.2)	67	(12.9)
Joliette Institution	28	(16.7)	84	(16.2)
Grand Valley Institution for Women	24	(14.3)	143	(27.5)
Okimaw Ohci Healing Lodge	14	(8.3)	32	(6.2)
Edmonton Institution for Women	50	(29.8)	128	(24.6)
Fraser Valley Institution	13	(7.7)	62	(12.0)

*Note.* Survey participants  $n = 168$  (10 women did not report the institution at which they were currently serving their sentence, therefore  $n \neq 178$ ); Incarcerated population  $n = 520$ . <sup>a</sup>The 'incarcerated population' represents the approximate number of women residing at each institution when data collection commenced.

As can be seen in Table 2, most women fell between 25 and 44 years of age (65%)<sup>5</sup> and most women identified their ethnicity as Caucasian (56.7%). Nearly one-third of the women identified as Aboriginal (32.2%)<sup>6</sup>. These results are similar to Kong and AuCoin's (2008) study which found that the average age of federal women offenders was 37.7 years and that one-quarter of the federal women offender population identified as Aboriginal.

Table 2. Demographic Characteristics

Demographic Variable	<i>n</i>	(%)
Age <sup>a</sup>		
Under 25	31	(17.5)
25 – 34	60	(33.9)
35 – 44	55	(31.1)
45 – 54	21	(11.9)
55 or over	10	(5.6)
Ethnicity <sup>b</sup>		
Caucasian	97	(56.7)
Aboriginal	55	(32.2)
Black	4	(2.3)
Other visible minority/unknown <sup>c</sup>	15	(8.8)

<sup>a</sup>*n* = 177. <sup>b</sup>*n* = 171. <sup>c</sup>This includes six women who self-identified with two ethnic groups (e.g., Caucasian and Aboriginal, Caucasian and Other).

Over half of the women surveyed (55.1%; *n*=97/176) indicated they had served one or more previous provincial sentences, while just under one quarter (21%; *n*=37) had served a previous federal sentence<sup>7</sup>. These results (i.e., 21% repeat federal offenders) represent slightly higher percentages than results presented by Kong & AuCoin (2008) who found that approximately 15% of the women offender population can be classified as repeat federal offenders. The proportion of recidivists in the current study did not vary by ethnicity; specifically, Aboriginal women were not more likely to have past provincial or federal sentences than non-Aboriginal women.

<sup>5</sup> Mean age could not be computed for the current sample given that the women were asked to identify the age category in which they fell and were not asked to report their specific ages.

<sup>6</sup> First Nations, Métis or Inuit

<sup>7</sup> For the purposes of statistical comparisons in this research, all of these women were considered 'recidivists'.

Most women were serving sentences that were between 2 and 5 years (79.2%;  $n=137/173$ ), while approximately one in ten women were serving a life sentence (11.6%;  $n=20$ ). Half of the women surveyed were classified as medium security (50.3%), while just under half were classified as minimum security (41.1%; see Table 3). Only a small number of the women (8.6%) were classified as maximum security. These results are similar to a recent statistical overview from CSC’s Women Offender Sector (2007c) that indicates that only a small proportion (11%) of women are classified as maximum security. A significant difference was found when examining the current sample’s security level classifications by ethnicity. Specifically, it appears that Aboriginal women were more likely to be classified as medium (63.0%) or maximum (11.1%) security than were non-Aboriginal women (45.0% and 6.1%, respectively;  $\chi^2(2, N = 168) = 8.3, p < .05$ ). This is similar to findings of previous research (e.g., Blanchette, 1997; Blanchette & Taylor, 2005).

Almost half the women indicated they had been convicted of a violent offence, while one-quarter indicated they had been convicted of a drug related offence (see Table 3). These results are similar to other research which indicates that just over half of federal women offenders are serving time for violent offences and one-quarter are serving time for drug related offences (Kong & AuCoin, 2008). Analyses reveal that Aboriginal women were significantly more likely to be convicted of a violent offence (60.0%) than non-Aboriginal women (42.6%;  $\chi^2(1, N = 170) = 4.5, p < .05$ ).

*Table 3. Security Classification and Offence Profile*

Correctional Variable	<i>n</i>	(%)
Security Level <sup>a</sup>		
Minimum	72	(41.1)
Medium	88	(50.3)
Maximum	15	(8.6)
Offence Type <sup>b</sup>		
Drug offence	48	(27.3)
Property offence	39	(22.2)
Violent/assault offence	86	(48.9)
Other offence	22	(12.5)

*Note.* Numbers sum to greater than 100 as several women committed multiple offences.

<sup>a</sup> $n = 175$ . <sup>b</sup> $n = 176$ .

Overall, comparing characteristics of the current study's sample with those of recent research suggests that the current sample is largely representative of the Canadian women offender population. Specifically, in drawing similarities between the current sample and Kong and AuCoin's (2008), it can be said that both samples are relatively young and have a significant representation of Aboriginal women. Additionally, the current sample is comparable to the general women offender population in terms of sentence type and the percentage of whom are repeat federal offenders. However, in terms of response rates for this research, slight differences can be seen with regard to the distribution of women across the facilities at the time of data collection; survey participants from Nova were over-represented compared to their representation of the incarcerated women offender population, while participants responding from GVI were under-represented.

### ***Overview and Recommendations: Aboriginal Women Within Federal Women's Corrections***

Results of the current study provide further evidence that supports the overrepresentation of Aboriginal peoples within the Canadian correctional system. While the Aboriginal population represents 4% of the Canadian population (Statistics Canada, 2009), 17% of the federal offender population is Aboriginal. This overrepresentation is further exacerbated amongst women offenders, where Aboriginal women represent 31% of the incarcerated women offender population (Public Safety and Emergency Preparedness, 2009). Findings from the current study demonstrate similar proportions with 32% of the sample self-identifying as Aboriginal. Additionally, the current study demonstrates an increase in the proportion of Aboriginal women since the original survey in which 20% of the sample identified as Aboriginal (Shaw, 1991).

Furthermore, it was found within the current study that Aboriginal women are more likely than non-Aboriginal women to be convicted of a violent offence and are more likely to be classified to higher security levels. These findings are consistent with research that has found that Aboriginals women are more likely to be convicted of violent offences including homicide, assault and robbery (Kong & AuCoin, 2008), and that Aboriginal women are more likely to be classified to maximum security than non-Aboriginal women (Blanchette, 1997; Blanchette & Taylor, 2005).

## CHAPTER II: Towards Achieving Health & Wellbeing

Health is a unique issue for incarcerated populations given that research indicates that individuals who enter correctional systems are more likely to have physical and mental health conditions than the general population (Acoca, 1998; Lindquist & Lindquist, 1999). Moreover, this is exacerbated for women offenders who frequently present with a higher prevalence of health care problems than male offenders (Acoca, 1998; Lindquist & Lindquist, 1999). In the upcoming chapter, results and discussion will focus on the women's physical and mental health, as well as their overall wellbeing. Information in this section will be presented on a number of health-related topics, covering:

- 1) diet, exercise and recreation;
- 2) concerns about physical and mental health;
- 3) spirituality within the institutions;
- 4) substance abuse; and,
- 5) self-harming behaviour<sup>8</sup>.

### **Diet, Exercise and Recreation**

The women who participated in the survey were queried about their wellbeing, as well as experiences with exercise and recreation at their facility. Included in this section were questions pertaining to such areas as physical condition, suggestions for exercise and recreation options, and perceptions of staff encouragement to engage in exercise.

When asked to describe their current physical condition compared to when they first started their sentence, over half of the women (57.7%;  $n=101/175$ ) indicated that their physical condition had improved while just over one quarter reported that it had worsened (26.3%;  $n=46$ ; Table 4).

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<sup>8</sup> The areas of substance abuse and self-harming behaviour reported within this study are concentrated primarily on prevalence rates and the women's perceptions of how they are impacted by these areas. The current authors suggest that it is important to include these topics within the chapter concerned with 'achieving health and wellbeing' as it contributes to our understanding of how the health of women offenders is affected by these matters. With a better understanding, treatment can target individual women's needs with the overall intent of working towards a healthy lifestyle.

Table 4. Rating of Physical Condition since Commencement of Sentence

Rating	<i>n</i>	(%)
Much better	57	(32.6)
Somewhat better	44	(25.1)
Unchanged	28	(16.0)
Somewhat worse	27	(15.4)
Much worse	19	(10.9)

Note. *n* = 175

Most women who indicated their physical condition had changed for the better attributed this to abstaining from alcohol or drugs (54.8%; *n*=46/84). This finding is reflective of both the high rates of substance abuse found among this population (which will be discussed in more detail shortly) and the detrimental impact substance abuse has on health. Change for the better was also associated with increased exercise (46.4%; *n*=39) and a better diet (45.2%; *n*=38). A few women mentioned that they were sleeping better at night, were not as stressed and were now in a better frame of mind as ‘other’ reasons for their improved health (4.8%; *n*=4).<sup>9</sup> Women who indicated their physical condition had deteriorated attributed this mainly to less exercise (66.7%; *n*=26/39), a poor diet (51.3%; *n*=20) and boredom (41.0%; *n*=16).

While over 80% (*n*=141/174) of women indicated they took part in sports and exercise at their facility, over 90% (*n*=158/175) felt there should be more opportunity for sports and exercise. Specifically, the women wanted more aerobic style classes, followed by yoga classes, group sports, better access to the gym and more access to weight rooms or cardio machines (see Table 5).

<sup>9</sup> The opportunity to specify why the women’s health condition had improved or worsened was accidentally omitted from the French version of the survey. Accordingly, the data were coded as ‘missing’ for all French speaking respondents.

Table 5. Sports and Exercise Programs Women Would Like to See Available

Physical activities	<i>n</i>	(%)
Group sports	80	(52.3)
Individual sports	44	(28.8)
Aerobic classes	90	(58.8)
Yoga/pilates	83	(54.2)
Weight room/cardio machines	64	(41.8)
Better access to gym <sup>a</sup>	69	(44.8)
Other	34	(22.2)

<sup>a</sup>*n* = 154, all other variables, *n* = 153. Numbers sum to more than the total *n* as women could select more than one of the available options.

When asked whether they felt encouraged and given enough opportunities by staff to exercise, roughly 60% of women indicated that they were ‘sometimes’ or ‘always’ encouraged (see Table 6). According to the women, the amount of encouragement and the opportunities for sports and exercise depended on the staff on duty; some were encouraging and willing to work with them on exercise routines while others were described as ‘apathetic and unwilling’. Several women mentioned that some staff members would work with the women on exercise routines, play sports with them or set up tournaments and other organized sports games (e.g., softball, badminton and volleyball games; *n*=13/47). Concern was noted by a few with regard to the impact of security classification on exercise opportunities (*n*=4). Overall, the experiences of women interested in participating in exercise and sports programs seemed to vary greatly.

Table 6. Frequency of Opportunities and Encouragement for Sports by Staff

Frequency of Opportunities and Encouragement	<i>n</i>	(%)
Always	35	(20.1)
Sometimes	68	(39.1)
Rarely	35	(20.1)
Never	36	(20.7)

Note. *n* = 174

To further assess the women’s use of leisure time, they were asked about the recreational activities in which they participated (see Table 7). The most frequently endorsed activity was watching

TV, followed by playing cards. Hobby crafts, musical activities and board games were other activities in which the women participated. Just over one quarter indicated they participated in sewing and beading activities while just less than one quarter participated in gardening and horticultural activities, and Aboriginal crafts. The women also found ‘other’ ways to occupy their recreational time; many enjoyed reading, writing or doing crafts ( $n=24$ ) and going for walks or playing sports/exercising ( $n=16/45$ ).

*Table 7. Participation in Recreational Activities during Leisure Time*

Recreational Activities	<i>n</i>	(%)
Hobby crafts	79	(44.6)
Sewing/beading	52	(29.4)
Aboriginal crafts	33	(18.5)
Music	69	(39.0)
Board games	62	(34.8)
Gardening/horticulture	35	(19.8)
Floral design	4	(2.3)
Watching TV	136	(76.8)
Playing cards	94	(53.1)
None	3	(1.7)
Other	45	(25.4)

*Note.*  $n = 177$ . Numbers sum to more than 177 as women could select more than one of the available options.

Even with this self-reported level of participation in recreational activities, 77.6% ( $n=121/156$ ) of the women surveyed wanted more options to be available. While a few of the women wrote that they ‘would like to see more recreational activities in general, just as long as more were available’ ( $n=6/62$ ), others were more specific. In terms of sports, baseball, football, basketball, soccer, ping-pong, air hockey, billiards and others were mentioned by half of the women ( $n=31$ ). In terms of leisure/recreational activities, many women indicated a need for more opportunities for beading/sewing/crocheting activities, bingo, poetry and writing, pottery, and music ( $n=29$ ). One woman described how some of the women enjoyed purchasing hobby craft materials, creating crafts in their own time and selling them for small amounts of money. This money was reportedly placed into their savings to be used after their release, to support their children, go towards a home or rent, etc. However, once

the women had earned a certain amount of money, she wrote that they then had to pay room and board at their institution, much to their frustration.<sup>10</sup>

### ***Overview and Recommendations: Exercise and Healthy Eating in Canadian Women's Institutions***

The health of incarcerated women is an important and unique area, one that is of utmost importance given that women typically enter the correctional system with poorer health and greater health needs than those of men entering the system (Acoca, 1998; Lindquist & Lindquist, 1997; Watson et al., 2004). However, American research has also found that women's correctional institutions often have fewer recreational facilities and are less likely to have healthy food options when compared to men's institutions (Acoca, 1998).

Concerns expressed by the women in the 1989 survey revolved around a need for improved exercise and recreation opportunities, and healthier food options. Starchy, greasy and fried foods were reported to have led to deterioration in their physical condition for roughly half of the women. The few opportunities for exercise, the outdated gym equipment and little encouragement from staff acted as poor incentives for the women to engage in physical exercise (Task Force on Federally Sentenced Women, 1990). Accordingly, options surrounding diet and health were recognized to be an essential component of '*empowerment and meaningful choices*', a principle advanced in the Creating Choices report. Opportunities for the women to make healthy, sound choices are essential to establishing a sense of control over their lives, in turn encouraging a sense of self-esteem and empowerment (Task Force on Federally Sentenced Women, 1990). With the opening of the women's regional facilities, women living in the general population now cook their own meals which is a departure from the typical 'cafeteria style' management of meals within most correctional settings.

Nonetheless, in the current survey, both improvement and areas for growth were noted. The women were fairly divided on changes in their health; some felt that there was improvement while others noted deterioration. Dietary problems stemmed from the fact that the daily stipend for food was just enough to buy products that are high in carbohydrates and starch (e.g., breads and pastas); fresh fruits and vegetables were rarely affordable. Furthermore, despite the fact that almost all the women participated in sports and exercise, they almost unanimously agreed that there should be more opportunities. The women's experiences with exercise opportunities and the amount of encouragement

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<sup>10</sup> According to *Commissioner's Directive 860 – Inmate's Money*, when an inmate's total income exceeds the highest pay rate of \$69 per pay period, 25% of this income can be deducted. Deductions are not to exceed \$5 per week day. When the income has been, in part, obtained through the sale of hobby craft or custom work, the deduction will be made only on the net profit of this income (CSC, 2003b).

from staff varied greatly between facilities, and even staff on duty. Where opportunities for organized sports and recreation existed, most women appreciated and enjoyed participating. However, greater regularity and availability of sports and recreational activities, and improved access to the gym were areas in need of further development. In the interest of not over-burdening the existing social program officers, a recommendation, if feasible, is to look into the possibility of increasing the use of volunteers and volunteer organizations in order to provide the women with more organized sports and recreational activities, as many of the women indicated they wanted healthy, productive ways of spending their time. In terms of food and diet, several avenues could be explored in order to provide the women with a greater variety of healthy food options. Currently, the Horticulture Program runs at several institutions and is a site specific program. For institutions with appropriate land and soil conditions, women could be encouraged to participate in the program and provided with instruction on planting and growing small vegetables (e.g., tomatoes, carrots, and beans); this could, in turn, provide the women with a sense of empowerment as they learn to grow their own healthy food. Determining methods to effectively respond to the needs of women with specific dietary concerns is another possible avenue for exploration (e.g., increasing women's awareness of dietary needs, consultation with nutritionists/dieticians). Finally, there may be staff or community volunteers with an interest in cooking; it may be useful to consider running informal cooking classes, in order to instruct the women on how to cook healthy meals, to encourage teamwork while cooking and the sharing of recipes and knowledge.

### **Physical and Mental Health**

This chapter will now focus on areas concerned with physical and mental health. In this section, results pertaining to the women's opinions on their physical and mental health since their admission to a federal facility are discussed. In addition, their health concerns, access to, and experiences with, the physical and mental health services provided in respective institutions will also be discussed. The women were asked whether they had any concerns about their physical health. Although over half the women (51.7%) responded that they 'never' or 'rarely' had any concerns, 48.3% indicated they 'sometimes' or 'always' had concerns about their physical health (see Table 8).

Table 8. Frequency of Physical Health Concerns

Frequency	<i>n</i>	(%)
Always	26	(14.8)
Sometimes	59	(33.5)
Rarely	32	(18.2)
Never	59	(33.5)

Note. *n* = 176

The women were asked whether they thought they had adequate physical health care provided by their facility. A considerable proportion of the women indicated that the adequacy of the health care provisions depended on the severity, type and nature of the women’s health care concerns (41.2%; *n*=73/177), while over one quarter rated their health care services as adequate (29.9%; *n*=53). The remaining women (20.9%; *n*=51) did not feel that the health care provided by their facility was adequate.

When the women were asked about the medical services to which they would like to have better access, a large proportion indicated they wanted better access to dentists and doctors (see Table 9). The opportunity to see specialists for specific health issues was a concern for almost half of the women and just less than one quarter wanted a gynecologist to be available. Likewise, approximately one quarter wanted more access to alternative medicine and access to other services respectively. When asked to specify ‘other’ services required, the women indicated a need for nutritionists/eating disorder specialists (*n*=3/39), optometrists (*n*=7) and chiropractors (*n*=3).

Table 9. Health Services that Require Easier Access

Health Service	<i>n</i>	(%)
Doctor	89	(50.0)
Gynaecologist	41	(23.0)
Dentist	117	(65.7)
Alternative medicine	43	(24.2)
Specialists	78	(43.8)
None	12	(6.7)
Other (e.g., optometrist, chiropractor)	39	(21.9)

Note. *n* = 178

In the comments offered by a small proportion of the women ( $n=14/39$ ), there seemed to be a desire for easier access to health facilities (e.g., 24 hour access to health facilities or nurses;  $n=4$ ), more timely responses to health concerns ( $n=2$ ) and in general, more doctors, nurses and psychiatrists/psychologists ( $n=8$ ). In addition to responses concerning easier access to health facilities, when asked whether the women felt other health related treatment options should be provided, 71.4% ( $n=115/161$ ) responded 'yes'. Testing for various sexually transmitted infections (STIs; particularly HIV/AIDS) and Hepatitis C was of concern for some of the women ( $n=36/102$ ). Access to gynecologists for yearly pap smears and mammograms was also requested by some of the women ( $n=45$ ). Others summarized the treatment options they wanted by saying they wanted more of everything or that everything available in the community should also be available to them during their incarceration ( $n=11$ ).

The issue of medical misdiagnosis during their incarceration was also raised. Although fewer than half of the women (42.6%;  $n=75/176$ ) indicated they had never been misdiagnosed at their facility, 33.5% ( $n=59$ ) claimed that they had been misdiagnosed at least once; the remainder didn't know or didn't use the health services ( $n=42$ ). Women who self reported medical misdiagnosis were asked to describe their experiences with the medical services. Many of the comments reflected their concern with the inability of medical professionals to properly diagnosis their condition, listen to their concerns or respond in a timely manner ( $n=30/48$ ). Nine women relayed stories of medical concerns that were ignored, leading to more serious issues, or medical mistakes that resulted in improper treatment or medication. One woman expressed frustration that she was not able to communicate in French with the English speaking medical staff<sup>11</sup>.

The women were also surveyed on their thoughts and experiences with the psychiatric and psychological services available at their facility. While nearly a third indicated that the services were 'good' or 'excellent' (31.1%;  $n=55/177$ ), 28% ( $n=50$ ) rated the services as 'not great' or 'terrible' (see Table 10).

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<sup>11</sup> Despite only one woman raising this as a concern, it was felt as though this issue may have been underrepresented by survey participants thus warranting mention within this report.

Table 10. Psychiatric and Psychological Services Ratings

Rating	<i>n</i>	(%)
Excellent	25	(14.1)
Good	30	(16.9)
Alright	45	(25.4)
Not great	37	(20.9)
Terrible	13	(7.3)
Don't know/does not apply	27	(15.2)

Note. *n* = 177

When asked to specify what physical and mental health services they used, just over half of the women (55.4%; *n*=98/177) indicated they saw a psychologist at their facility while less than half (40.1%; *n*=71) used the services provided by Elders. In addition, nearly one-third (32.2%; *n*=57) of the women used the psychiatric services. Women who indicated they did not use any of the services (23.7%; *n*=42) were asked why this was the case. While a considerable number of women did not use the services simply because it was 'not required' (41%; *n*=16/39), others cited 'difficulty getting an appointment' (27.5%; *n*=11/40) as the main reason for not using the services. Some women mentioned 'other' reasons for not using the services including long wait lists (*n*=4/12) and a feeling that mental health professionals weren't there for them or couldn't provide what they needed (*n*=6). One woman was reluctant to discuss personal issues with a male therapist<sup>12</sup> while another woman was concerned that information would be used against her in parole hearings.

### ***Overview and Recommendations: Physical and Mental Health Services***

As previously mentioned, it has been well documented that individuals entering the correctional system demonstrate higher incidences of physical and mental health problems than the general population (Acoca, 1998; Lindquist & Lindquist, 1997; Watson, Stimpson, & Hostick, 2004). Offenders often exhibit certain socioeconomic factors that, when combined, ultimately worsen their health. These factors include minimal education, employment difficulties, unstable housing, a lack of adequate health care and a lower socio-economic class or minority status, all of which can be detrimental to their

<sup>12</sup> Following a recommendation from the Cross-Gender Monitoring Project in 2001 to eliminate male frontline staff, CSC conducted internal and external consultations in order to assess the impact of male frontline workers. Inmate committees independently surveyed women offenders and the Union of Canadian Correctional Officers conducted interviews as well. The majority disagreed with the recommendation to eliminate male frontline staff. The Canadian Human Rights Commission also examined this issue and concluded that CSC must make every effort not to infringe on the rights of men to be employed in these positions (CSC, 2005).

physical and mental well-being (Lindquist & Lindquist, 1997). Relative to men, women in North America exhibit higher incidences of chronic and degenerative diseases, often requiring ongoing and regular medical care (Acoca, 1998). When the mental health of incarcerated women is considered, women are more likely to have major psychiatric diagnoses than men (except for a diagnosis of Anti-Social Personality Disorder) and are more likely to experience severe forms of depression (Laishes, 2002).

There are also notable differences in terms of mental health when comparing incarcerated women to women in the general population. Various studies (see Brinded, Simpson, Laidlaw, Fairley, & Malcolm, 2001; Ross, Glaser, & Stiasny, 1988; UK Department of Health, 1997, as cited in Laishes, 2002) have found that incarcerated women are more likely than women in the general population to have mental health disorders, including schizophrenia, major depression, substance use disorders, psychosexual dysfunction, antisocial personality disorder and post-traumatic stress. Adding to women's unique mental health needs are the tendencies of incarcerated women to engage in self-harming behavior (e.g., cutting and burning), while men are more likely to engage in threatening and assaultive behavior (Laishes, 2002). Furthermore, researchers have identified a link between mental health, abuse of substances and communicable diseases in women inmates (Watson et al., 2004). Presently in Canada, one out of every five women in the federal correctional system presents with mental health problems, a proportion that has increased by 61% since 1997 (Moser, 2008).

A reoccurring theme that was noted in the women's comments was dissatisfaction with the adequacy and accessibility of the physical and mental health facilities. Paramount to the women was easier access to doctors and dentists, health specialists (e.g., gynecologists, optometrists, chiropractors, eating disorder specialists and nutritionists) and the opportunity to practice alternative medicine. Furthermore, women in the current survey were concerned that their medical needs were not being met in a timely manner, that medical conditions were going undiagnosed or medically unattended and that inappropriate medication was being administered. These issues were all previously raised as areas of concern in the 1989 survey, with most women indicating a need for better and timelier access to medical treatment and a wider array of health services.

The importance of improved access to, and quality of, health care within the correctional system is by no means restricted to a Canadian context, as studies of incarcerated women in the United States have raised similar concerns. In a 1998 report, incarcerated American women reported that access to physical and mental health services was very limited, including medical follow up and medical supervision (Acoca, 1998). Without appropriate medical supervision, the physical health of women with

chronic and degenerative diseases (e.g., kidney disease, cancer) declined, while women taking various psychotropic drugs endured symptoms due to overmedication, including lethargy, speech and mobility problems (Acoca, 1998). Many of these adverse side effects were reported by a portion of the women in the current survey, who had experienced undiagnosed, misdiagnosed, improperly medicated or overmedicated health conditions while incarcerated at their facility. As many had entered the correctional system with pre-existing health conditions, it is essential that their health be monitored and attended to, encouraging the women to make positive choices surrounding their health.

Additional health provisions for which many of the women saw a need included testing for sexually transmitted infections (STIs; including Hepatitis C, HIV/AIDS etc.), yearly pap smears and mammograms. The issue of sexually transmitted infection is one of growing importance in both men and women's corrections, as studies have found the prevalence of STIs to be up to 20 times greater than that found in the general population (Potts, 2000, as cited in Watson, et al., 2004). Furthermore, women comprise the proportion of society facing the most drastic rise in HIV infection rates (Acoca, 1998; Harris et al., 2003). A recent Canadian study of incarcerated women by Martin et al. (2005) found that 8% tested positive for HIV and 52% tested positive for Hepatitis C. Interestingly, women with Hepatitis C in Martin et al.'s study were found to be significantly more likely than women without Hepatitis C to have children under 18 and to have unstable living arrangements in the time leading up to their incarceration; risk factors which were both present in a large proportion of the current sample of women.

In recognition of these unique health concerns of incarcerated women, CSC offers programs designed to address the physical health needs of women. Choosing Health in Prison (CHIP) is offered to women who are interested in receiving education on a variety of health related topics. The overall goal of the program is to encourage and enable the women to make sound, healthy choices in their daily lives. Topics that are addressed include, among others, stress management, the health benefits of exercise, information on infectious diseases and healthy nutritional habits. Similarly, the Leisure Education Program encourages health, wellness and nutrition (Fortin, 2004).

Additionally, the Correctional Service of Canada's Community Mental Health Initiative (CMHI) provides a continuum of mental health care from the institution to the community. By supporting offenders with mental illnesses in the community, the services available through the CMHI improve the quality of life for the offender and contribute to public safety. Clinical social workers now function in a number of institutions in the role of 'discharge planners', working with offenders to identify their mental health needs and develop release plans. Linking offenders with appropriate mental health services, addiction services, physicians and psychiatrists/psychologists is critical in order to support the

offender's efforts to reintegrate. Once in the community, the offender is supported by Community Mental Health Teams, providing assessment, intervention planning, and services to offenders. An additional component of the CMHI includes the contracting of mental health services in the community, in order to provide for offenders' mental health needs (e.g., Outreach Worker Programs, Volunteer Work Experience Programs). A final key element of the CMHI is training in mental health issues for community staff (e.g., halfway house staff) in order to fully support offenders with mental illness in the community (CSC, n.d.b).

Additional concerns expressed by the women in the survey included difficulties getting an appointment with a health practitioner in the institution, long waiting lists and insensitivity to the women's health and psychiatric issues. Furthermore, the women conveyed dissatisfaction with health services that were not available during health related emergencies, hastily made psychiatric diagnoses, inattention to health complaints and an attitude from health professionals that the women were 'liars'. The 1989 survey highlighted many of these same concerns, particularly that women were 'not respected as knowing [their] own bodies', and their health concerns not taken seriously (Shaw, 1991, p. 17).

Another issue that further complicates the patient-health professional relationship is language barriers, a concern noted in the 1989 and, on occasion, in the current survey. Specifically, French-speaking women expressed frustration at the difficulty of explaining their health problems to English-speaking health professionals. This latter finding is an important, and on-going, point of consideration, as the proportion of incarcerated women in Canada who primarily speak French is on the rise, increasing from 9% to 18% between 1981 and 2002 (Sinclair & Boe, 2002). Language barriers are hardly unique to Canada, as incarcerated women in the United States who are not fluent in English reported similar difficulties accessing health services or obtaining health information, as staff and information were only available in English (Acoca, 1998). Many of these issues increase the likelihood of misdiagnosis by a health professional, a problem reportedly encountered by a number of the women in both the original and the current survey.

In general, the women's responses reflected the concern they have over their physical and mental health, and the opinion that the quality and variety of health options available on the outside should be available to them on the inside. Indeed, the World Health Organization (2004) recently recommended that inmates receive the same level of health care while incarcerated that they could obtain in the community. Many of the aforementioned concerns were central in the 1989 survey and still appear to be areas in need of further development in today's correctional system. With the women's concerns in mind, perhaps some of these issues could be addressed through improved availability of emergency

medical facilities, more women health care professionals, staff trained in women’s health issues (e.g., gynaecologists) and testing for STIs.

### Spirituality Within Women’s Facilities

The Okimaw Ohci Healing Lodge is a unique facility in Canada for Aboriginal women serving federal sentences. As its guiding principle, the Healing Lodge seeks to provide a safe, supportive and empowering environment for Aboriginal women who can practice their traditions while being supported by Aboriginal spiritual leaders, representatives from the community and staff at the Healing Lodge (CSC, 2004). Accordingly, the experiences and opinions of the women at the Healing Lodge with regard to their spirituality was of particular interest and were examined separately from the remainder of the facilities. Of the 169 women who responded to the question, 18 had served some of, or their entire sentence at Okimaw Ohci Healing Lodge. Most of the women felt that they ‘always’ (68.8%;  $n=11/16$ ) or ‘usually’ (25%;  $n=4$ ) had adequate access to Elder(s) and that the Healing Lodge ‘always’ (73.3%;  $n=11/15$ ) or ‘usually’ (13.3%;  $n=2$ ) met their spiritual needs. Moreover, according to 92.9% ( $n=13/14$ ) of the women, the Healing Lodge appropriately represented their Aboriginal culture, spirituality and healing practices. The remaining facilities ‘usually’ met the women’s spiritual needs, although this did range from ‘sometimes’ to ‘always’ (see Table 11). One woman did comment, however, that Aboriginal culture seemed to her to be the only culture afforded respect or recognition.

Table 11. Ratings of Facilities’ Ability to Meet Women’s Spiritual Needs

Spiritual Needs	Nova Institution for Women $N=39$ $n$ (%)	Joliette Institution $N=28$ $n$ (%)	Grand Valley Institution for Women $N=24$ $n$ (%)	Edmonton Institution for Women $N=50$ $n$ (%)	Fraser Valley Institution $N=13$ $n$ (%)
Always	2(10.0)	5(27.8)	1(8.3)	8(25.0)	1(12.5)
Usually	4(20.0)	7(38.9)	5(41.7)	9(28.1)	3(37.5)
Sometimes	9(45.0)	1(5.6)	4(33.3)	5(15.6)	0(0.0)
Rarely	2(10.0)	2(11.1)	0(0.0)	3(9.4)	3(37.5)
Never	3(15.0)	0(0.0)	0(0.0)	1(3.1)	0(0.0)
No needs	0(0.0)	0(0.0)	0(0.0)	6(18.8)	1(12.5)

## Drug and Alcohol Use

Paramount to achieving and maintaining a healthy lifestyle is the issue of drug and alcohol use, an issue with high prevalence amongst offender populations. Within the current study, over half the women (59.4%;  $n=105/177$ ) identified either a current or previous addiction to drugs (see Table 12). With regard to alcohol, over one third (36.7%;  $n=65$ ) indicated that they were either currently, or previously addicted. Not all women had abused substances; some women reported only having recreational or experimental use of drugs (19.7%;  $n=35$ ) or alcohol (45.2%;  $n=80$ ), while others reported no use of drugs (20.9%;  $n=37$ ) or alcohol (18.1%;  $n=32$ ).<sup>13</sup> Results from the original survey revealed that 30% of the women indicated an addiction to, or the prolonged use of drugs; 16% indicated an addiction to, or prolonged use of alcohol; and, 18% indicated that this was the case for both drugs and alcohol, combined (Shaw, 1991). Although a direct comparison is somewhat difficult given the different formats of the survey questions, it seems that more women in the current study reported either a past or present addiction to drugs or alcohol than in the original.

Table 12. Experience with Alcohol and/or Drugs

Substance Use Status	<i>n</i>	(%)
<b>Drugs</b>		
Currently addicted	18	(10.2)
Previously addicted; in recovery	87	(49.2)
Recreational use	16	(9.0)
Experimental use	19	(10.7)
No experience	37	(20.9)
<b>Alcohol</b>		
Currently addicted	6	(3.4)
Previously addicted; in recovery	59	(33.3)
Recreational use	64	(36.2)
Experimental use	16	(9.0)
No experience	32	(18.1)

Note.  $n = 177$

<sup>13</sup> No time frame was specified for the women's experience with alcohol and drugs. Responses may reflect substance use only in the past or may include present use.

Substance abuse was also linked to criminal behaviour as some of the women were incarcerated for offences that they had committed while under the influence of drugs or alcohol (37.9%;  $n=66/174$ ), or for offences committed to support a drug or alcohol habit (36.2%;  $n=63$ ). When only the women who identified as previously or currently addicted to drugs and/or alcohol were examined ( $n = 123$ ),<sup>14</sup> these numbers were even higher. Approximately half of these women were incarcerated for offences committed under the influence of substances, (51.6%;  $n=63$ ), or for offences committed to support their drug/alcohol habit (49.2%;  $n=60/122$ ).

Women who identified themselves as previously or currently addicted to alcohol or drugs were questioned on their experiences with substance abuse treatment programs (see Table 13). Most women had been encouraged to attend treatment by someone close to them (e.g., family, friend, partner; 63.4%;  $n=78/123$ ) or an authority figure (e.g., judge, probation officer, social worker; 61.8%;  $n=76$ ). Moreover, of those women who indicated they were currently or previously addicted to drugs or alcohol, nearly two-thirds indicated they had taken part in treatment prior to incarceration. Over half the women indicated they had been in treatment while incarcerated (63.6%;  $n=77/121$ ). With regard to types of treatment, most women indicated involvement at some point with Alcoholics Anonymous/Narcotics Anonymous (AA/NA) style programs, individual therapy or Non-Aboriginal group programs.

Table 13. Participation in and Type of Substance Abuse Treatment Program

Experience with Substance Abuse Programs	<i>n</i>	(%)
Program Participation <sup>a</sup>		
Prior to incarceration	77	(63.6)
During incarceration	69	(57.0)
Never	13	(10.8)
Program Type <sup>b</sup>		
AA/NA	77	(72.0)
Individual therapy	52	(48.6)
Group therapy (non-Aboriginal)	60	(56.1)
Group therapy (Aboriginal)	15	(14.0)

Note. Numbers sum to greater than 121 and 107 respectively, as many women have attended multiple treatment programs.  
<sup>a</sup> $n = 121$ . <sup>b</sup> $n = 107$ .

<sup>14</sup> Many women indicated in Table 12 that they were currently or previously addicted to both drugs and alcohol. Therefore, while numbers in the table sum to greater than the total sample size of 178,  $n=123$  represents the actual number of *different* women who have indicated current or previous addiction to drugs and/or alcohol.

### ***Overview and Recommendations: The Impacts of Drugs and Alcohol and Addressing Women Offenders' Abuse of Substances***

Research has consistently found high rates of drug and alcohol abuse within offender populations (Alleyne, 2006; Correctional Service of Canada, 2007b). In fact, the Correctional Service of Canada estimates that approximately 80% of offenders in the federal system have substance abuse problems (Motiuk, Boe, & Nafekh, 2003). When only women offenders in Canada are considered, some estimates reach as high as 90% (Hume, 2004). Similar rates are found in the United States, with approximately 80% of state imprisoned women addicted to substances (Bloom et al., 2003). Of additional concern is the link between substance abuse and offending, as research has demonstrated that women are more likely to engage in criminal acts if they use drugs or alcohol (Bloom et al., 2003). In fact, one American study found that 71% of incarcerated women used substances regularly in the month leading up to their arrest (Acoca & Austin, 1996, as cited in Acoca, 1998).

In the current survey, high rates of alcohol and/or drug abuse were reported. While rates of alcohol abuse are consistent with the findings of the 1989 survey, an increase in the number of women who reported drug abuse can be seen. Furthermore, substance abuse was again linked to many of the women's criminal offences which were committed either under the influence of drugs and/or alcohol or in order to obtain drugs and/or alcohol. Legal implications aside, the women's substance abuse has had an impact on others in their lives, as most women had been encouraged to attend treatment by someone close to them or an authority figure. Likewise, most women had been to treatment at some point in their lives for their substance abuse addictions. The latter finding was also noted in an American study, which found that most incarcerated women had received treatment for substance abuse prior to incarceration (Jordan, Schlenger, Fairbank, & Caddell, as cited in Grella, Greenwell, & Greenwell, 2005). An important point for consideration, however, is that many incarcerated women report using drugs or alcohol as a means of self medication, often to cope with the trauma they have experienced throughout their lives (Alleyne, 2006). Furthermore, studies have demonstrated that for many women offenders, substance occurs in the context of intimate partner relationships; these relationships are often abusive (Chesney-Lind, 1997; Owen, 1998, as cited in Covington, 2004). Thus, any type of substance abuse programming must acknowledge the role that their relationships have played with respect to their substance abuse and the impact trauma has had on their lives.

The Correctional Service of Canada does indeed recognize the importance of relationships and the impact trauma has had on the lives of women entering the federal correctional system. Programming

available to women recognizes the myriad of problems faced by many women offenders and acknowledges the impact of physical and sexual abuse, family disruption, and mental health and relationship difficulties on their well-being (Fortin, 2004). As part of CSC's commitment to meeting the needs of women offenders, programming now reflects an accumulation of gender-specific research with a strong grounding in relational theory. Relational theory, a theory of women's psychological development, stresses the importance of positive connections and healthy relationships in women's lives (Miller, 1986). Given that many women offenders have experienced trauma throughout their lives at the hands of their partners and abuse substances as a means of coping and/or in the context of an intimate partner relationship, unhealthy relationships are an important area for intervention. Through programming such as the Women Offender Substance Abuse Program (WOSAP), women are encouraged to develop healthy relationships that are not built on violence and substance abuse, instead seeking out relationships that are mutually empathic and empowering (Fortin, 2004). Of interest were the opinions of the women who had attended WOSAP, many of whom described the program as 'insightful' and 'helpful', having learned healthy coping skills for use in their daily lives.

While the survey did not specifically inquire as to whether the women were engaging in drug use while incarcerated, some women nonetheless indicated that they were still addicted to drugs. One possible explanation for this may be that drugs are available within the institutions, thus sustaining the women's addictions. The presence of drugs within correctional facilities is an unfortunate reality and one that compromises an offender's chances at rehabilitation, release and reintegration. As a drug-free environment is the best interests of staff and offenders, and is in line with good correctional practices, CSC has been increasing the measures designed to address the problem of drugs in institutions (Report of the Correctional of Service Canada Review Panel, 2007). Increasing the number of detector dogs used, installing more x-ray machines and ion scanners, creating a national database to monitor visitation at all institutions and ensuring that sufficient staff resources are available for searching and processing of visitors have been identified as short-term objectives (CSC, 2008d). Ultimately, a drug-free institution creates an environment where the offender can focus on rehabilitation and the development of healthy leisure and coping skills.

### **Self-harming Behaviour**

In an effort to further understand the impacts of mental health and violence on the lives of incarcerated women, self-harming behaviour was examined. Just under half of the women had thought about hurting themselves on purpose (43.7%;  $n=76/174$ ) or had actually engaged in self-harm (43.6%;  $n=75/172$ ). Attempted suicide was the most common form of self-harm, followed by cutting/slashing,

hitting/slapping and burning (see Table 14). One woman revealed that she tattooed and pierced herself as an ‘other’ coping mechanism.

As there is evidence of a link between self-harming behaviour and both general and violent recidivism (Blanchette & Motiuk, 1995; Bonta, Pang, & Wallace-Capretta, 1995), several supplementary analyses were performed. Results revealed no significant differences for self-harming behaviour between recidivists and non-recidivists. However, significant differences were found when all women who were currently incarcerated for violent offences were analyzed. Specifically, women who were currently incarcerated for a violent offence were more likely to have self-harmed (52.4% vs. 36%;  $\chi^2(1, N = 171) = 4.71, p < .05$ ) and were more likely to have employed burning as a self-harming technique (21.4% vs. 3.3%;  $\chi^2(1, N = 171) = 4.79, p < .05$ ), than women currently incarcerated for non-violent offences.

*Table 14. Methods Used by Those who Reported Engaging in Self Harm Behaviour*

Method of Self-Harm	<i>n</i>	(%)
Cutting/slashing	38	(52.8)
Burning	10	(13.9)
Hitting/slapping	21	(29.2)
Attempted suicide	55	(76.4)
Other (e.g., use of drugs, pills)	11	(15.3)

*Note. n = 72.*

For 64.2% of the women who reported engaging in self-harm behaviour ( $n=43/67$ ), the behaviour occurred prior to incarceration. However, for 9.0% ( $n=6$ ), the self-harm occurred during incarceration, while for another 26.9% ( $n=18$ ), the self-harm occurred both prior to and during, incarceration.

The frequency of self-harm ranged from one to two times (41.1%;  $n=30/73$ ) to three to ten times (30.1%;  $n=22$ ) to over ten times in total (28.8%;  $n=21$ ). When asked why they felt the need to self-harm, many of the women’s answers revealed the tremendous amount of pain, anger, loneliness and depression they experienced (78.1%;  $n=50/64$ ). One woman felt as though the pain was the only way to calm herself; another found that the physical pain was the only way to ease her emotional pain. A few wrote that they experienced guilt and shame because of their actions and addictions and the effects it had on

the people around them (6.3%;  $n=4$ ). In the future (see Table 15), the women felt that talking to others about their emotional pain, communicating with friends and family and ‘self help’ programming would help them avoid self-harming. Counselling and therapy with women practitioners were also viewed as beneficial by some, while three other women indicated that achieving parole was an ‘other’ means of avoiding self-harm in the future. Nevertheless, a large proportion of the women indicated that they were not interested in future counselling for their self-harming behaviour, as they had already been in counselling (70.1%;  $n=47/67$ ) or were simply not interested (23.9%;  $n=16$ ). The remaining 6% ( $n=4$ ) expressed an interest in attending counselling for their self-harming behaviour<sup>15</sup>.

*Table 15. Suggestions on How to Avoid Self-Harm in the Future*

Methods of Avoiding Self-Harm	<i>n</i>	(%)
Counselling/therapy	34	(47.9)
Friends/family	41	(57.7)
Staff	5	(2.8)
Elders	14	(7.9)
Medication	21	(11.8)
Talking to others	44	(62.0)
Other	15	(21.1)

*Note.*  $n = 71$ .

When asked about the manner in which correctional staff responded to women’s self-harming behaviour while incarcerated, the women reported that the responses of staff varied significantly. Half of the women who commented ( $n=12/24$ ), wrote that they were transported to hospitals or placed in segregation under suicide watch. However, reactions seemed to depend on the staff on duty, as one woman commented that the staff’s reaction was ‘alright, although some were supportive while others were judgemental’. Others wrote that staff seemed angry at the women for their self-harming behaviour ( $n=4$ ) or that placement in segregation was the ‘easy way out’ ( $n=2$ ).

<sup>15</sup> The Research Branch is currently involved in a project examining the self-injurious behaviour among both men and women offenders in federal correctional facilities. A more in-depth examination of this issue will further contribute to our knowledge and understanding of this area.

However, not all of the women's experience with correctional staff with regard to their self-harming behaviour was negative. One woman wrote that staff responded very well as they saved her life and ensured she received appropriate psychological services after her suicide attempt. Another woman's life was saved by staff who responded quickly and appropriately to her suicide attempt. Overall, however, the women were somewhat divided on whether they felt that staff's response to their self-harming behaviour while incarcerated was appropriate, although more women (57.9%;  $n=11/19$ ) indicated that they did not feel it was appropriate.

### ***Overview and Recommendations: Self-harm as a Coping Mechanism and How to Respond in an Institutional Environment***

As mentioned previously, many incarcerated women who abuse substances report doing so as a means of self-medication, a way of coping with the trauma they have experienced throughout their lives (Alleyne, 2006). The abuse of substances is not the only method of self-medication, however, as incarcerated women are more likely to engage in self-harming behavior (e.g., burning, slashing, cutting) than incarcerated men and both men and women in the general population (Blanchette & Brown, 2006). Despite the fact that women account for only 6% of the prison population, they make up 25% of all incidents of self-harm in the United Kingdom's general prison population (Her Majesty's Prison Service, 2004). Furthermore, research has suggested that childhood abuse is a risk factor for self-harming behavior (Snow, 1997); as will be discussed in the next chapter, this factor was endorsed by a large proportion of the women in the current survey. In the 1989 survey, 53% of the women had self-harmed; in the current survey the proportion was slightly smaller as 43.6% of the women had self-harmed. However, these rates were even higher at 48.4% when only women who had been physically or sexually abused were considered.

Researchers have attempted to determine the underlying causes of self-harming behavior in women. One of the most commonly hypothesized reasons for this behavior is its use as a coping strategy. Often used by women with histories of trauma (e.g., physical and/or sexual abuse), the behavior becomes a method of coping with emotional pain and an attempt to control one's environment (Heney, 1990). Common methods of self-harm include slashing, headbanging, starvation, burning and/or tattooing (Heney, 1990). These techniques of self-harm were all reported by the women in the current study. Furthermore, the women's comments in the current survey overwhelmingly reflected their use of self-harming behavior as a means of coping with their deeply rooted emotional pain (e.g., depression, anger, guilt, neglect, hopelessness, shame, self-hatred and worthlessness).

A comparison between Heney's (1990) interviews with incarcerated women at the Prison for Women and the current survey netted further similarities. Women in both surveys were dissatisfied with the use of segregation as a response to their self-harming behavior, with almost all (97%) of Heney's sample viewing segregation as inappropriate and as a form of punishment, rather than safe-keeping. Additionally, most of the women wrote that after self-harming, someone for the woman to talk to was critical, whether it be a therapist, friend or other inmate. The women in the current survey were of the same opinion, that talking to someone, and not segregation, would help them cope with their pain and avoid harming themselves in the future. Part of the difficulty may stem from the tendency of the correctional system to view self-harming behaviour as a management concern; one that is treated similar to aggressive behaviour that is aimed at others (Hannah-Moffat, 2006). Self-harming behaviour must be recognized as an issue of mental health and not only one of security; accordingly, mental health services should be available immediately after self-harming behavior, rather than segregation and confinement (Heney, 1990).

CSC does recognize the importance of suicide and self-harm awareness, and the importance of an appropriate response with regard to the women's psychological wellbeing. CSC staff who have regular interaction with women offenders are required to attend Suicide Prevention Training and a refresher course every two years. This training equips staff with the knowledge and skill set necessary to identify and respond appropriately to behaviours that may indicate the intention of suicide or self-harm (CSC, 2008b). Additionally, CSC's policy on the management and response to self-harming behaviour stresses the importance of providing emergency psychological support for offenders at risk for suicide or self-harm and of establishing an interdisciplinary mental health team. Restraints (e.g., security garments) may be used if necessary to lower the risk of self-harm and must follow existing CSC policies (see CD 567-2 Use of Restraint Equipment). Suicide watch may be employed if the offender's safety cannot be maintained through other means. As a preventative measure, CSC also provides Suicide Awareness and Prevention Workshops at each institution, with the goal of raising the level of suicide awareness for all offenders (CSC, 2006a). Awareness and understanding on the part of staff and offenders as well as appropriately trained staff is critical when responding to incidents of self-harm or attempted suicide. As some of the women expressed dissatisfaction with the response to these behaviours, it is important to continue to raise awareness, understanding and training response skills. Moreover, it is essential that women at risk for such behaviours continue to be supported by the psychological staff at their institution.

In sum, this chapter has highlighted the women's perspectives, implicated CSC perspectives, and recommendations critical in efforts and on-going initiatives to improve the health and wellbeing of women incarcerated in the federal correctional system. Evidence exists for the noted improvements that have thus far been made in these areas but there is a continued need for efforts and resources focused on women's health and wellbeing.

### **CHAPTER III: Interpersonal Relationships: Victimization, Family & Maintaining Social Support**

A significant and reoccurring theme that appears in the research pertaining to women offenders is the critical nature of women's interpersonal relationships. Many women offenders, through a variety of life circumstances, become involved in unhealthy peer and romantic relationships and as a result often become involved in substance use and criminal activity (Bloom et al., 2003). Additionally, research has found that many incarcerated women are mothers to dependant children, therefore, family relationships and concerns about their children are an important part of women offenders' lives (Bloom et al., 2003; Covington, 2001).

The focus of the following chapter will pertain to the participants' interpersonal relationships and how these relationships have been impacted by their incarceration. Results and discussion covered in this chapter will include the women's experiences of abuse and victimization, relationships with children, family and the community prior to their incarceration and how the women maintain these relationships while incarcerated.

#### **Victimization**

High rates of physical and sexual abuse are commonly reported amongst women offender populations (Bloom et al., 2003). In the current study, 85.7% ( $n=150/175$ ) of the women reported being physically abused. For a third of the women, the abuse occurred 'occasionally', while nearly half (43.3%) reported that the abuse occurred 'regularly' or 'all the time' (see Table 16). In general, a greater proportion of women were abused as adults, although over half of the women were also abused as children and/or as teenagers. For many women (68%), their spouse/partner was involved in the abuse, while for others, their mother or a stranger was involved. Many of the women who were abused as children and/or as teenagers were later abused as adults (58.5%;  $n=48/82$ ), and by their partners (60%;  $n=48/80$ ).

Table 16. Characteristics of Physical Abuse

Physical Abuse Characteristics	<i>n</i>	(%)
Age <sup>a</sup>		
Child	82	(54.3)
Teenager	77	(51.0)
Adult	105	(69.5)
Perpetrator <sup>b</sup>		
Mother	39	(26.5)
Father	28	(19.0)
Step parent	19	(12.9)
Sibling/step sibling	30	(20.4)
Extended family	32	(21.8)
Spouse/partner	100	(68.0)
Family friend	13	(8.8)
Religious figure/teacher	9	(6.1)
Community member/neighbour	8	(5.4)
Stranger	36	(24.5)
Other	22	(15.0)
Frequency <sup>c</sup>		
Once	1	(0.7)
A couple times	32	(21.3)
Occasionally	50	(33.3)
Regularly	41	(27.3)
All the time	24	(16.0)

<sup>a</sup>*n* 151 = . <sup>b</sup>*n* = 147. <sup>c</sup>*n* = 150.

Overall, 68.2% ( $n=116/170$ ) of the women had been sexually abused at some point in their lives. For many women (55.7%;  $n=64/115$ ), the sexual abuse occurred ‘once’ or ‘a couple of times’; however, for a quarter of the women (25.2%;  $n=29$ ), the sexual abuse occurred ‘regularly’ or ‘all the time’. The abuse most frequently occurred when the women were children and/or teenagers. Perpetrators of the abuse were typically extended family members, although many had been sexually abused by strangers or their spouses/partners (see Table 17).

Table 17. Characteristics of Sexual Abuse

Sexual Abuse Characteristics	<i>n</i>	(%)
Age <sup>a</sup>		
Child	77	(66.4)
Teenager	55	(47.4)
Adult	46	(39.7)
Perpetrator <sup>b</sup>		
Mother	2	(1.7)
Father	7	(6.0)
Step parent	11	(9.5)
Sibling/step sibling	8	(6.9)
Extended family	40	(34.5)
Spouse/partner	24	(20.7)
Family friend	23	(19.8)
Religious figure/teacher	5	(4.3)
Community member/neighbour	5	(4.3)
Stranger	39	(33.6)
Other	21	(18.1)
Frequency of Sexual Abuse <sup>c</sup>		
Once	30	(26.1)
A couple times	34	(29.6)
Occasionally	22	(19.1)
Regularly	19	(16.5)
All the time	10	(8.7)

<sup>a</sup> $n = 116$ . <sup>b</sup> $n = 115$ . <sup>c</sup> $n = 115$ .

Despite the frequency of abuse experienced by respondents, 50.6% ( $n=78/154$ ) of women who were physically and/or sexually abused had not been involved in any related counselling or programs. The remaining women had received some type of counselling prior to their incarceration (11.0%;  $n=17$ ), during their incarceration (20.8%;  $n=32$ ) or both (17.5%;  $n=27$ ). Most often, the counselling was undertaken individually or in group settings. Additionally, several women had been involved in ceremonial counselling (e.g., with Elders; see Table 18).

*Table 18. Types of Physical/Sexual Abuse Counselling/Therapy*

Types of Counselling/Therapy	<i>n</i>	(%)
Individual	59	(78.7)
Group	42	(56.0)
Ceremonial	8	(10.7)
Other	8	(10.7)

*Note. n = 75.*

Of the six women who offered comments, two who had not participated in any counselling for the trauma in their lives wrote that they were scared, worried about judgement and feared the pain that would inevitably arise from confronting their past. One other woman wrote that she had not received counselling simply because it was not readily available to her, while two others did not receive counselling for reasons that were unclear to them.

Experiences of violence were not limited to physical and sexual abuse, as 55.2% ( $n=95/172$ ) of the women had also been victims of a violent crime. In 80.9% of the cases ( $n=76/94$ ), the woman knew the perpetrator or knew one of the perpetrator(s). As research has found that Aboriginal women are more likely than their non-Aboriginal counterparts to be the victim of a violent crime and are more likely to know the perpetrator of the violent crime (Brzozowski, Taylor-Butts, & Johnson, 2006), chi-square analyses were performed but revealed no significant difference between Aboriginal women and non-Aboriginal women.

### ***Overview and Recommendations: Prevalence of Abuse and Impacts on Treatment***

The fact that many incarcerated women have experienced physical and/or sexual abuse at some point in their lives has been well established by previous research. Rates of physical and/or sexual abuse

have been found to range from 60% to over 80% in samples of incarcerated women in the United States (Bloom et al., 2003) and unfortunately, the Canadian context is no different. The 1989 survey found that 68% of women had been physically abused while 53% of the sample had been sexually abused. Furthermore, a 1995 study of federally incarcerated women reported similar rates, with 61% of the women reporting physical abuse and 54% reporting sexual abuse (Bonta, Pang, & Wallace-Capretta, 1995). The current survey found even higher rates of abuse, as 85.7% of the women reported a history of physical abuse and 68.2% reported a history of sexual abuse. Further adding to the women's experiences of victimization was the fact that 55.2% of the women reported being victims of a violent crime, typically at the hands of someone known to the women.

Despite high rates of victimization among women offenders, whether or not victimization is a significant predictor of criminal behaviour remains unclear (Blanchette & Brown, 2006). What does become clear, however, is the complex interplay of victimization, mental health and substance abuse that is so prevalent among women offenders. This complexity is a testament to the unique needs of women who come in to conflict with the law (Covington & Bloom, 2006). Consider that women offenders with histories of abuse often display symptoms of psychological distress, have a diagnosis of post traumatic stress disorder, and that roughly 75% of women with a serious mental illness are also addicted to substances (Bloom et al., 2003; Fortin, 2004). Accordingly, there is a need in women's corrections to address trauma (i.e., victimization, abuse), mental health and substance abuse 'through comprehensive, integrated, and culturally relevant services and appropriate supervision' (Covington & Bloom, 2006, p.14).

The concept of 'comprehensive, integrated, and culturally relevant services' is reflected in the principles of programming for women offenders (Fortin, 2004). According to CSC's Program Strategy for Women Offenders, the holistic approach to women's programming takes into account the link between a variety of aspects in the woman's life, including her relationships, her sexuality, her spirituality and her own understanding of herself (Fortin, 2004). Attention must also be given to the importance of gender, ethnic, cultural, spiritual and linguistic differences of offenders. Accordingly, programs should be 'integrated and have a mutually reinforcing effect' (Fortin, 2004, p. 10), thus acknowledging the unique experiences of many women offenders and encouraging the women to lead healthy, pro-social lives. Survivors of Abuse and Trauma is one such program and was given high praise by many of the women; one woman described the program as 'the beginning of [her] recovery' while another woman reiterated the importance of this type of program as the women 'have been through a lot of trauma that [they] need to deal with'.

## **Children**

Central to the lives of many women offenders are their children and thus, their role as mother. The following section presents results pertaining to the importance of motherhood and the presence of children in the participants' lives. Results from this section of the survey will be discussed in two parts. The first included all women who had children, regardless of their child(ren)'s age (i.e., All Children). The second included only women who had children under the age of 18 prior to the commencement of their sentence (i.e., Minor Children).

### ***All Children***

Over three-quarters of the women were mothers with 1 to 4 children (77.4%;  $n=137/177$ ); 56.4% had 1 or 2 children, while 32.3% had 3 or 4 children. Ninety-five percent ( $n=116/122$ ) of the women were the biological mothers of their children, while others were step-mothers (8.4%;  $n=10/119$ ), or had children who were adopted (5.7%;  $n=7$ ) or fostered (1.6%;  $n=2$ ). The age of the women's children varied greatly, ranging from 7 months to 45 years.

Of the mothers, three-quarters (74.5%) reported having at least one child under the age of 18. A large proportion of these women were single mothers (64.2%;  $n=61/95$ ). For most, this was due to divorce or break up (58.2%;  $n=34/55$ ), although many had always been a single parent (30.9%;  $n=17$ ) while others' partner had passed away (10.9%;  $n=6$ ).

Of the women who had children, 21.9% ( $n=25/114$ ) indicated that their role as a parent contributed 'somewhat' or 'entirely' to their conflict with the law. When asked to specify how it contributed to their legal troubles, a few of the women described the emotional impact that the loss of custody had on them ( $n=3/21$ ). Others discussed the difficulty of providing for their children, thereby turning to crime as a means of support ( $n=4$ ).

Half the women with children indicated having experiences with Children's Aid Society (CAS) (51.2%;  $n=62/121$ ). In a small number of cases, the women called CAS for help and willingly gave up custody to a family member or CAS ( $n=4/44$ ). In other cases, children were removed from the home and placed in foster care or adopted out ( $n=9$ ) while a couple of women lost custody once they were charged or convicted of an offence ( $n=2$ ). Contact with CAS was often due to substance abuse issues, mental health concerns, or issues surrounding abuse/neglect.

When questioned about the frequency of contact with their children, a considerable proportion of the women kept in touch at least weekly (41.9%;  $n=52/124$ ); however, a third (33.8%;  $n=42$ ) of the women had little or no contact with their children (see Table 19). More generally, the women kept in

touch with their family through a variety of means;<sup>16</sup> however, the most common means of communication were through phone calls and letters (see Table 19). Additional methods of communication included visits, private family visits (PFVs), family day at the facility, or escorted/unescorted temporary absences (ETAs/UTAs). Two women mentioned using the Elizabeth Fry Society to keep in touch and one woman specified that she used the ‘read-aloud’ program through the Society. This involved tape recording herself reading stories aloud, which were then sent to her child.

Table 19. Contact with Children and Family

Contact Characteristics	<i>n</i>	(%)
Frequency of Contact with Children <sup>a</sup>		
None	36	(29.0)
Live together in Mother-Child Program	2	(1.6)
Yearly	6	(4.8)
Monthly	28	(22.6)
Weekly	52	(41.9)
Method of Contact with Family <sup>b</sup>		
Normal visits	46	(36.2)
Letters	96	(75.6)
Telephone	114	(89.8)
Private Family Visits	20	(15.7)
Family Day	26	(20.5)
Temporary Absence (ETA/UTA)	17	(13.4)
No Contact	8	(6.3)
Other	6	(4.7)

<sup>a</sup>*n* = 124. <sup>b</sup>*n* = 127.

When asked how they would like to keep in touch with their family if more contact could be arranged, of the 83 women who offered suggestions, a number of women (*n*=40) indicated they wanted more consistent opportunities for normal visits, private family visits and escorted temporary absences/unescorted temporary absences. Others (*n*=17) wanted easier and/or timelier access to phones

<sup>16</sup> The question erroneously inquired about frequency of contact with children and the methods of contact with family in general, rather than the method of contact with children specifically.

in general and mentioned difficulties that arose from the facility's phone system, as it restricted their ability to contact their children. The women reported that they are unable to call anyone who does not have a specific type of phone service or anyone with a cell phone, and expressed a great amount of frustration because of this. They also expressed concern that calling collect for long distance phone calls placed an unfair burden on their family and friends. A few women ( $n=11$ ) said they would prefer the use of calling cards, which they said would allow them to pay for long distance phone calls.<sup>17</sup>

Approximately half of the women (48%;  $n=60/125$ ) have had problems when trying to keep in contact with their children. When asked to describe the problems, for those women who responded ( $n=56$ ), they largely revolved around monetary and accessibility issues. The cost of communicating through the phone was the biggest problem for 50% ( $n=28$ ) of the women, followed by transportation problems (48.2%;  $n=27$ ) and the costs of travel (37.5%;  $n=21$ ). Emotional problems for the women and/or their children stemming from the visits were also reported by 35.7% ( $n=20$ ) of the women. Others faced difficulty because of issues with Children's Aid Society/Child and Family Services or the current caregivers of their children ( $n=4/30$ ). The financial and emotional problems described above, in addition to the reported phone difficulties, prevented a number of the women from contacting their children regularly. Not all the women wanted contact with their children, however. One woman mentioned that contact with her children 'seemed so different' while she is incarcerated, while another said she preferred having no contact until her release.

When asked whether the women had any concerns related to their children, of those who responded ( $n=109$ ), 45% ( $n=49$ ) of the women were concerned with getting to know their children again after the period of separation caused by their incarceration. Slightly less than one quarter of the women were concerned about access to or custody of their children (21.1%;  $n=23$ ), finding accommodations with their children (21.1%), or dealing with resentment or anger from their children (21.1%).

### ***Minor Children***

The women were also questioned on who had primary responsibility for raising their children under 18, prior to the commencement of their sentence. For these questions, all women who had at least one child under 18 ( $n = 104$ ) at the *beginning* of their sentence were included in the analyses, regardless of whether their child was currently under 18. Most of the women had primary responsibility for at least one child under the age of 18 years (57.1%; see Table 20). Some had handed over primary responsibility

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<sup>17</sup> The women are given SMART cards upon admission and deposit money onto the cards in order to pay for calls. Through the phone system, they can either call collect or choose to pay for the call (long distance or local) using their SMART card (CSC, 2001b). See Discussion – Children and Family for further information.

to Children’s Aid Services or foster care, either willingly or unwillingly. The grandparents of the children were the primary caregivers in many instances; in others, the woman’s partner was the primary caregiver. A few of the children were being cared for by the woman’s siblings (i.e., the children’s aunt or uncle) or by their own siblings (i.e., the woman’s older children). For the most part, those who had primary responsibility for raising the children were also the legal custodians (87.9%;  $n=58/66$ ).

Table 20. Primary Responsibility of Minor Children Prior to Incarceration

Primary Responsibility	<i>n</i>	(%)
Woman	56	(57.1)
Woman’s parents	24	(24.5)
“Other” family member <sup>a</sup>	30	(30.6)
Children’s Aid/Child and Family Services/foster	21	(21.4)
Other	16	(15.3)

Note. Percentage is greater than 100 due to multiple children,  $n = 98$ .

<sup>a</sup>“Other” family member includes spouse, partner, common law, common law’s parents, woman’s siblings, and woman’s children (i.e., older siblings), & family friend.

These living arrangements regarding their children came about in a variety of ways according to the 47 women who specified. Some recognized that they needed help raising their children and handed over custody to a family member or CAS ( $n=16$ ). Others lost custody due to alcohol and drugs and/or violence in the home ( $n=10$ ) and a few lost custody because of their incarceration ( $n=4$ ).

Prior to the commencement of their sentence, a large proportion (54.3%;  $n=51/94$ ) of women with children under age 18 were receiving some form of government financial assistance in raising their children; others received financial help from a family member (40.4%;  $n=38$ ) or their partner (31.9%;  $n=30$ ). Less than a quarter did not receive financial help (18.1%;  $n=17$ ). Of those who indicated that they did not receive financial help, many received income from full time jobs (41.2%;  $n=7$ ), followed by income from illegal activities (29.4%;  $n=5$ ) and lastly, part time jobs (23.8%;  $n=4$ ).

Although 35.5% ( $n=33/93$ ) of these women indicated that they have needed legal help for issues relating to their children (since their sentence began), 60.6% ( $n=19/30$ ) of these women indicated that they did not receive the legal support they required. A few of the women who offered comments

expressed frustration that they did not know who, or how, to ask for help ( $n=4/21$ ). Issues relating to the phone system also seemed to complicate the search for legal help for three women.

For 71.0% of the women ( $n=66/93$ ), it was very important for them to have custody of their minor children at some point after their release and 51.1% ( $n=48/94$ ) expected to be living with their children once they were released. The women who did not expect to live with their children (39.4%;  $n=37$ ; the remainder were unsure) gave a variety of reasons for their preference. Some women explained that they were first going to live in halfway houses ( $n=6/30$ ) while a few others wrote about legal issues they had to sort out (e.g., custody), or had to demonstrate their 'parental fitness' to the courts ( $n=4$ ). Three women wanted to re-establish their lives and find proper housing and stable jobs before bringing their children to live with them.

In order to support their children once released, 49.5% ( $n=46/93$ ) of the women planned on working full time. One quarter (25.8%;  $n=24$ ) expected some support from welfare and approximately another quarter (21.5%;  $n=20$ ) planned on working part time. Less than one quarter expected support from a partner (20.4%;  $n=19$ ) or family (14%;  $n=13$ ) and only a few women were unsure about their financial support (10.8%;  $n=10$ ) or expected financial support from a friend (3.2%;  $n=3$ ).

Even with so many women presenting with children, very few had participated in the Mother-Child Program.<sup>18</sup> In fact, only 10 women in total had any experience with the program and most of these had their child live with them on a part time basis. While two women commented on problems with the program (e.g., arguing and fighting between inmates, children should be allowed to stay past the age of four), one woman remarked on the importance of having a close relationship with her child while another woman discussed how contact with their child has helped her stay clean. Overall, each of these ten women indicated that being involved in the program was a positive experience for themselves and their child.

### **Family and the Community**

The survey next broadened its scope to query the women about their community of origin and their community prior to incarceration. Further inquiries were also made as to the women's family more generally, including frequency and methods of contact. Most of the women were raised in Canada, although four women indicated they were raised in another country. With regard to the type of community, most women (81.9%) reported growing up in cities or towns. A smaller portion of women

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<sup>18</sup> In order for a child to be eligible for the Mother-Child Program, he/she must be younger than 4 years of age. This may partially account for the low rate of involvement with the program (CSC, 2003a).

reported growing up in rural areas or on reserves (see Table 21). Prior to their incarceration, most women were living in cities and many had been living with their partner (45.5%;  $n=80/176$ ) or with their children (27.3%;  $n=48$ ). Some of the women lived with family (22.7%;  $n=40$ ) or friends (11.9%;  $n=21$ ) and a few had been homeless or living in a shelter (2.8%;  $n=5$ ) in the time leading up to their incarceration. Almost half (42.3%;  $n=74/175$ ) of the women had moved in the 12 months prior to their sentence and, in general, most had lived at their most recent location for three or less years (67.1%;  $n=102/152$ ).

*Table 21. Women’s Residences as Children and Prior to Incarceration*

Type of Residence	<i>n</i>	(%)
Residence as a Child <sup>a</sup>		
First Nation/reserve	28	(15.8)
City	94	(53.1)
Town	51	(28.8)
Rural area	31	(17.5)
Other	11	(6.2)
Residence Prior to Incarceration <sup>b</sup>		
First Nation/reserve	16	(9.1)
City	109	(61.9)
Town	38	(21.3)
Rural area	14	(7.9)
Other	6	(3.4)

<sup>a</sup> $n = 177$ . <sup>b</sup> $n = 176$ .

The women were next questioned on who they typically had contact with since their incarceration began, and the methods they used to maintain contact. For most women, they typically had contact with parents/relatives, friends and partners. A small number of women were also in contact with community advocacy groups or Elders. Although the telephone was the favoured method of contact, many also wrote letters or had visits from their contacts. Less than one quarter of women used temporary absences or private family visits to maintain contact (see Table 22).

Table 22. Individuals Contacted and Methods of Contact

Contact Characteristics	<i>n</i>	(%)
Contact		
Spouse/common-law/partner	69	(43.7)
Parents/relatives/extended family	146	(92.4)
Friends	73	(46.2)
Community advocacy group/justice committee	26	(16.5)
Elders	18	(11.4)
Other	18	(11.4)
Method of Contact		
Visits	83	(52.9)
Private Family Visits	30	(19.1)
Letters	135	(85.4)
Telephone	155	(98.1)
Temporary Absence (ETA/UTA)	29	(18.5)
Other	5	(3.2)

Note. *n* = 158.

Most women (62.7%; *n*=111/177) had weekly contact with friends, family and community supports; for 26.6% (*n*=47), contact was monthly. The remainder (10.7%) had either yearly contact or no contact. The women reported a variety of problems when trying to keep in touch with their contacts, including the costs of staying in touch (52.7%; *n*=88/167) and transportation difficulties (19.8%; *n*=33). Additionally, emotional difficulty was cited as a problem by 28.1% (*n*=47) of the women while another 9% (*n*=15) indicated that accommodations were problematic. There were many concerns mentioned by the women regarding the phone system in general (*n*=39/60), and they were quite similar to the phone concerns mentioned earlier in the results section on children. More specifically, some of the women wrote that they wanted the ability to pay for calls using calling cards (*n*= 12) and referred to difficulty calling cell phones (*n*=5) or family with phone services from a phone provider not compatible with the Millenium system (*n*=2).<sup>19</sup> Although the women wanted more contact with family, children, partners, and friends, most (67.1%; *n*=116/173) still felt they received ‘a lot’ of support from these sources.

<sup>19</sup> The institutional phone system is referred to as the Millenium System (CSC, 2001b). For a discussion of the institutional phone system, please see Discussion – Children and Family.

### ***Overview and Recommendations: Maintaining the Family Bond While Incarcerated***

The effects of parental incarceration on the structure, dynamics and economics of the family are more pronounced for incarcerated mothers than incarcerated fathers (Bloom et al., 2003). Consider that 90% of children with incarcerated fathers live with their mothers while only 25% of children with incarcerated mothers live with their fathers (Bloom et al., 2003). Furthermore, most incarcerated women with children are both single mothers and economically disadvantaged (Bloom et al., 2003). Not surprisingly, once incarcerated, the women's children are more likely to be cared for by relatives (e.g., maternal grandparents), while approximately 10% are placed into foster care (Mumola, 2000). Nonetheless, the value that most incarcerated women place on their roles as mothers, their guilt over the separation from their children and the importance of maintaining contact with their children is undeniable (Moe & Ferraro, 2006). However, incarcerated mothers commonly face a myriad of problems when trying to see or stay in contact with their children. Given that correctional facilities can sometimes be situated far from children and family, visiting opportunities can be limited and place an economic strain on the family and caregivers of their children. Furthermore, correctional policies surrounding phone calls, phone fees and visiting hours create additional barriers that the women and the caregivers of their children must work around in order to maintain contact (Huebner & Gustafson, 2007).

In the United States, it is estimated that approximately two-thirds of incarcerated women are mothers to at least one child under the age 18, totaling to more than 250,000 children under the age 18 with mothers in jail (Bloom et al., 2003). In Canada, the 1989 survey reported that approximately two-thirds of federally incarcerated women had children and of these women, 64% were single parents. The women experienced a variety of problems when trying to contact their children, revolving around their distance from their children, the few opportunities for visits and the difficulty of paying for phone calls. Longer visiting hours, occasional free phone calls to their children and assistance for women whose children lived far away were suggested by the women as potential solutions to their difficulties (Shaw, 1991).

In the current survey, the proportion of women who were mothers was even higher as 74.4% of the women currently had at least one child under age 18 and 64.2% of these women were single mothers. Despite most mothers reporting weekly contact with family and children, approximately half had experienced problems related to trying to keep in touch. Some women reported that they were unable to call cell phones or certain phone service providers, while others wanted to be able to pay for long distance phone calls and suggested the using of calling cards. Additionally, even with the opening

of regional facilities more proximal to the women's support systems, the cost of traveling to these facilities, when they were incarcerated at locations still far from their children and families, has made visitation a near impossibility for some of the women's families.

The women's comments about the phone system are noteworthy, as they conflict with operational realities. Currently, women are given a SMART card upon admission to their institution, onto which they can deposit money in order to pay for phone calls. While the option to call long distance using collect is available, the women can choose to use the money they have deposited onto the SMART cards to fund the calls. Cell phones are not blocked, nor are any phone service providers (CSC, 2001b). With this in mind, there may be several reasons for the discrepancy between the women's concerns and CSC policy. Some women may not be fully informed about the SMART card system. This may be due to not having read the Inmate Handbook, or they may not fully understand the explanation and instructions for the SMART card system. For those who report difficulty calling cell phones or certain service providers, this is likely a problem associated with the recipient of the call and not the CSC phone system. Certain cell phones and home phones are not set up to accept long distance phone calls. Judging from the comments of some of the women, there seems to be confusion surrounding the phone system. Accordingly, one recommendation is to ensure all women are explicitly briefed on the phone system at intake, and that any questions they may have are answered. Encouraging the women to discuss the phone system with the family and friends they hope to remain in contact with may also contribute to a smoother process.

Ultimately, the value of maintaining and encouraging the bond between mother and child cannot be underestimated. When surveyed by the American Correctional Association (1990) and asked to 'name the most important person in your life right now,' 52% of incarcerated women who responded named their child. Studies have found that the separation from their child is one of the most stressful aspects of incarceration for women with children, leading to feelings of isolation, loneliness and a fear of losing the bond with their child (Fogel, 1992, as cited in Lindquist & Lindquist, 1997). Women place great value on the relationships in their lives, and evidence in the correctional literature has accumulated that the mother-child bond may be critical for successful reintegration into the community. When strong familial ties are maintained by women offenders, research has found there to be less likelihood of recidivism (Bloom et al., 2003). Indeed, one woman in the Mother-Child Program commented on how having her young child live with her at the correctional facility had given her the strength to stay away from drugs while another woman related how important it was to her to have a relationship with her child. However, one area that may benefit from closer examination is the utilization of PFVs and

ETA/UTAs. Less than one quarter of the women indicated this as a method for keeping in contact with their children or family. The reasons offered were mainly that the PFVs ran irregularly and were often delayed or cancelled, mainly due to staff shortages. Currently, the women must apply for a PFV through their Primary Worker, who prepares a recommendation for the Visitor Review Board. Additionally, the Parole Officer must contact the potential visitors (Grand Valley Institution, 2009). However, staff must also complete a number of other duties which may impact the timeliness and regularity of the PFVs. Accordingly, as the women suggested, it may be useful to examine the possibility of assigning the role of PFV co-ordinator, or a similar position, to an interested staff member<sup>20</sup>.

This chapter has highlighted the critical nature and impact of the interpersonal relationships of women offenders. These women present with severe histories of victimization, along with significant challenges in building and maintaining healthy and active relationships with children, family, and social support systems. In considering traditional criminogenic needs (e.g., personal emotional problems, lack of family ties / dysfunction, available community support), it becomes readily apparent that ensuring successful reintegration will require a continuous and multi-faceted focus on the histories and interpersonal relationships of these women.

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<sup>20</sup> Family must be immediate and the women must be approved for open visits in order to be considered for PFVs (Grand Valley Institution, 2009).

## CHAPTER IV: Education & Employment

Given that many women demonstrate high levels of need in the areas of education and employment upon intake to correctional facilities (Bloom et al., 2003; Delveaux et al., 2005), these are areas of significant importance among the women offender population. Education and employment can influence both pathways to crime and successful community reintegration, therefore it is important to consider how these areas impact women's lives both before and after incarceration.

In this chapter, results and discussion pertaining to the women's education and employment will be presented. Participants were questioned about their experiences with schooling, as well as any other training/certifications they may have acquired. They were also asked about the perceived, or actual presence of learning disabilities. Additionally examined were the women's experiences and goals relating to employment, both before and during their incarceration and their employment goals after release.

Just fewer than 60% of the women reported having not completed high school (including 22.3% who reported ending their education prior to reaching high school), while two-thirds (37.7%) reported completing high school or attending/completing post-secondary education (see Table 23).

Table 23. Highest Academic Level Achieved Prior to Incarceration

Academic Level	<i>n</i>	(%)
Less than high school	104	(59.4)
Completed high school	25	(14.3)
Some university/college	16	(9.1)
Completed university/college	25	(14.3)
Other <sup>a</sup>	5	(2.9)

Note. *n* = 175. <sup>a</sup>'Other' was used in this question to account for qualitative responses from which respondents' academic level could not be determined (e.g., correspondence, private school).

Since leaving school, 59.9% (*n*=103/172) of women had taken additional courses. Most common were basic education courses in an effort to obtain their General Equivalency Diplomas (GEDs) and on the job training, while just over one quarter of the women went on to higher education in college or university (see Table 24).

Table 24. Courses Taken Since Leaving School

Courses	<i>n</i>	(%)
Basic education (e.g., GED)	44	(43.1)
On the job training	38	(37.3)
Technical training	12	(11.8)
Higher education	29	(28.4)
Aboriginal educational programs	13	(12.7)
Other	24	(23.5)

Note. *n* = 102.

A large proportion of the women (45.1%, *n*=79/175) had obtained certificates or diplomas in a variety of fields since they first left school.<sup>21</sup> Examples of certificates and diplomas obtained by the women included CPR and First Aid, Smartserv, Workplace Hazardous Materials Information System (WHMIS), keyboarding, Microsoft training, secretarial training, bilingual diploma, business administration, dog grooming, personal trainer, realtor, hair dressing/cosmetology, nursing/health care, hospitality, social services and child care. Several women did mention, however, wanting more opportunities to complete computing courses (*n*=5/31), college course offerings and opportunities to complete trade and/or training certificates (*n*=11/31; e.g., accounting, massage therapy, business management).

While on the topic of education and courses, the women were questioned as to whether they thought they had a learning disability, and 27% (*n* = 47/176) indicated that they thought they might. Of these women, 58.7% (*n*=27/46) had actually been tested and diagnosed with a learning disability by a professional.

After questioning the women about education, they were next queried about employment and were asked to indicate the various ways in which they supported themselves in the community (see Table 25). A large proportion of the women indicated they either supported themselves through a job (64.4%) or relied on welfare (48.6%). Other means of financial support included partners, dealing drugs, and to a lesser extent, parents, prostitution or stealing.

<sup>21</sup> Although many of these courses were likely obtained while incarcerated as they are offered in the institutions, the question inquired as to whether the women had taken any courses since leaving school. Accordingly, it is difficult to assess which courses were obtained in the community versus while incarcerated.

Table 25. Means of Financial Support Prior to Incarceration

Financial Support	<i>n</i>	(%)
Job	114	(64.4)
Parents	34	(19.2)
Partner	62	(35.0)
Welfare/social assistance	86	(48.6)
Employment insurance	7	(4.0)
Prostitution	35	(19.8)
Dealing drugs	62	(35.0)
Stealing	37	(20.9)
Other	20	(11.3)

*Note.* *n* = 177. Numbers sum to greater than 177 as many women indicated they supported themselves financially through more than one means.

With regard to employment, 64% (*n*=112/175) of the women indicated they had a history of regular, legal employment. However, 60.5% (*n* = 107/177) of the women also indicated that directly preceding their incarceration, they were unemployed. For women with a history of unemployment, 23.8% (*n*=24/101) attributed this to a lack of available jobs, while 10.8% (*n*=11/102) were unemployed as they were in school at the time. Most women (80.2%; *n*=81/101) gave ‘other’ reasons for their unemployment, including addiction (31.6%; *n*=25/79), mental illness/disability (10.1%; *n*=8) or lacking the education/job skills necessary to obtain a job (8.9%; *n*=7). Additionally, other women reported not having paid employment as they were single mothers who stayed at home raising and caring for their children (16.5%; *n*=13).

Prior to their incarceration, many women worked as stay at home mothers/child-care providers (47.1%; *n*=80/170), as servers or sales representatives in restaurants and stores (41.8%; *n*=71), in domestic jobs such as housekeeping (30%; *n*=51) or in clerical jobs (22.9%; *n*=39). Other occupations included working in industrial jobs, in managerial or executive positions, as professionals, or on the land as hunters or trappers (see Table 26).

Table 26. Type of Employment Prior to Incarceration

Type of Employment	<i>n</i>	(%)
Secretarial/teller/office job	39	(22.9)
Shop sales/server	71	(41.8)
Domestic (e.g., housekeeping)	51	(30.0)
Manual industrial	24	(14.1)
On the land (e.g., hunting, trapping)	12	(7.1)
Managerial/executive	24	(14.1)
Professional	23	(13.5)
Stay at home mother/child-care provider	80	(47.1)
Never worked	16	(9.4)
Other (e.g., telemarketing, youth outreach worker)	69	(40.6)

Note. *n* = 170. Numbers sum to greater than 170 as many women indicated multiple types of employment.

The women were next questioned on the type of work they would like to do once they were released from their facility (see Table 27). Interesting results emerged when comparing the types of jobs women worked prior to incarceration and the types of employment they hoped for upon release. While nearly half the women (47.1%; *n*=80/170) stated that they were stay at home mothers or child care providers prior to incarceration, this was endorsed by only a quarter of the women (23.7%; *n*=41/173) for type of employment once released. It should be considered that this decrease could be attributed to such child care issues as not obtaining custody of children upon release, or children growing up during the women's period of incarceration, thereby not requiring to be cared for once she is released. With regard to working in professional jobs, the proportion of women endorsing this category increased from 13.5% (*n*=23/170), who stated working in such occupations prior to incarceration, to 24.3% (*n*=42/173), who hoped to work in this area upon release. Given the level of education mentioned by the women, it may not be feasible for some of the women who desire working in professional occupations to obtain jobs in this area upon release. Additionally, a large proportion of women indicated they wanted to work in an 'other' type of employment, including general labour jobs (e.g., construction, landscaping, welding; *n*=15/86) and in jobs dealing with people and/or children (e.g., school counsellor, kindergarten teacher, youth worker; *n*=8).

Table 27. Desired Type of Employment Upon Release

Employment Type	<i>n</i> (%)	
Secretarial/teller/office job	32	(18.5)
Shop sales/server	39	(22.5)
Domestic (e.g., housekeeping)	30	(17.3)
Manual industrial	23	(13.3)
On the land (e.g., hunting, trapping)	6	(3.5)
Managerial/executive	17	(9.8)
Professional	42	(24.3)
Stay at home mother/child-care provider	41	(23.7)
No work	3	(1.7)
Other	86	(49.7)

Note. *n* = 173. Numbers sum to greater than 173 as many women indicated multiple types of employment.

With regard to institutional employment, 86.7% (*n*=150/173) of the women had worked or were currently working in some capacity at their facility. For many, this work was with the maintenance department (e.g., cleaning, 45.6%; *n*=68/149). Others worked for institutional services in some form (e.g., food services, stores; 38.3%; *n*=57) or CORCAN Graphics (22.1%; *n*=33). However, a large proportion of the women (48.3%; *n*=73/151) were employed in a number of ‘other’ capacities at their facility including the Canine Program, the Horticulture Program, the Women Offender Substance Abuse Program (WOSAP) or tutoring women attending school. Others mentioned working in the library, standing on the Inmate Committee or working as receptionists. Almost all of the women (96.5%; *n*=139/144) received wages for some or all of the work at their facility. However, two women described problems relating to their pay, mainly that pay was often late or that they did not receive the full amount that they had earned. One woman was also concerned that their pay and total allowable spending money for the year had stayed the same, despite the rising costs of canteen.

Most women (65.9%; *n*=114/173) were using or had used their time while incarcerated to attend school and 83% (*n*=93/112) of these women indicated that it was useful. Many of their comments reflected satisfaction with having upgraded their literacy and mathematical skills, furthering their education or attaining their General Equivalency Diploma (GED) (*n*=36/83). Some reported having more self-esteem and confidence in their skills and abilities (*n*=6), and others mentioned future plans to continue their education or were already in the process (*n*=8), now that they had obtained their GEDs.

Nonetheless, a few women described the work as ‘too basic/more of a refresher’, or that it was ‘only beneficial to women with little education’ ( $n=3/83$ ). Some women reported that they did not like school or got bored easily, and others reported that they struggled with the course material ( $n=5$ ).

### ***Overview and Recommendations: Women Offenders’ Education Needs***

Since the 1990s, the labour market in Canada has seen the educational standards steadily rise, resulting in 84% of new jobs requiring a high school diploma. The Report of the Correctional Service of Canada Review Panel (2007) acknowledged this trend and underscored the importance of providing educational programs as 82% of all offenders test at lower than grade 10 upon admission to an institution. These numbers are similar when only women offenders are considered; the 1989 survey reported that 71% of respondents had grade 10 or less while the current survey found that 58.4% had some high school or less. A recent examination of educational and employment needs of federally incarcerated women in Canada by Delveaux, Blanchette and Wickett (2005) supports these findings. Using information gathered from the Offender Intake Assessment, the researchers found that 66% did not possess a high school diploma at intake into an institution.

CSC considers education to be a critical component to an offender’s rehabilitation; offenders who have not achieved their high school diploma have education added as a priority to their correctional plan. Additionally, in response to the increase in jobs that require a high school diploma, CSC has raised the minimum standards of its Adult Basic Education (ABE) from grade 10 to grade 12. CSC policy states that if an offender is assessed at intake as having less than grade 12, education will be added to their correctional plan.<sup>22</sup> It would appear, indeed, that many offenders are effectively using their time while incarcerated to upgrade their education, although fewer women in the current survey were attending school (this may be due to the finding that fewer women in the current survey had only some high school or less, compared to the original survey). The 1989 survey found that 86% of women at the Prison for Women were attending school and comments indicated that they generally found the courses to be helpful (e.g., several women achieved literacy; others completed basic school leaving requirements). The current survey found that 65.9% of women had attended school while incarcerated and over three quarters of these women indicated that it was useful (e.g., some achieved their GEDs, upgraded their literacy and math skills, planned to go on to post-secondary studies). Similarities were also noted in the women’s comments from both the original and current survey; women wanted a greater variety of courses and more one-on-one help from teachers.

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<sup>22</sup> See *Commissioner’s Directive 720 – Education services and programs for offenders*.

CSC's commitment to providing education to its population is supported by a body of research that finds a positive relationship between education and lower recidivism rates. A review of 97 articles published between 1969 and 1993 reported that 85% of these articles found strong evidence of a reduction in recidivism through correctional education (as cited in the Report of the Correctional Service of Canada Review Panel, 2007). Moreover, a US study by the Center on Crime, Communities & Culture in 1998 (as cited in the Report of the Correctional Service of Canada Review Panel, 2007) found that offenders who completed high school while incarcerated were more likely to find employment post release than offenders who did not complete high school (60-75% and 40% respectively). The connection between education, employment and recidivism becomes increasingly evident when the following is considered. Delveaux, Blanchette and Wickett (2005), in their sample of federally incarcerated women in Canada, found that 42% of women ( $n = 38/91$ ) indicated that intervention in the area of employment would help them desist in future criminal activities. Furthermore, in a study examining factors that predicted failure/reoffence in women on conditional release in the community, the employment and associates domain were the strongest indicators of failure (Law, 2005). Women offenders were also found in a 1998 study to be more likely than men offenders to possess no employment history at intake, to be unemployed more than 50% of the time prior to their arrest, to be unemployed at the time of their arrest and to be unhappy with their employment (Motiuk & Blanchette, 1998). When one considers these findings, the importance of offering education to women offenders becomes evident.

### ***Overview and Recommendations: Employment Opportunities for Women Offenders***

The current employment results were fairly similar to the results noted in the 1989 survey, which reported that only 38% of the women were regularly employed prior to their incarceration while the remainder were sometimes/often unemployed, had held illegal jobs only or had never worked (41%, 16% and 5% respectively). In the current survey, while 64% of the women reported a history of regular, legal employment, 60.5% also indicated that prior to their incarceration, they were often unemployed. This could be suggestive of sporadic work histories for many women. They identified their main means of financial support prior to their incarceration as working a job, receiving welfare/social assistance, dealing drugs and/or their partner. Women in both surveys tended to report working in shop sales and as servers, as child-care providers or in manual labour jobs (e.g., housekeeping). Delveaux, Blanchette and Wickett (2005) had similar findings in their Canadian study of women offenders incarcerated in federal institutions. At intake, 72% indicated they were unemployed prior to their arrest and for 47%, this was for 90% or more of the time. In their sample ( $n=71$ ), when asked about their main source of income

prior to incarceration, over one quarter reported working while approximately one quarter used welfare/social assistance and another one quarter engaged in illegal activities. Women in their study who worked reported jobs mainly in sales/service positions and secretarial/administrative positions. What is evident from the various studies mentioned are the many commonalities that still exist with regard to women offenders; mainly, lower levels of education, unstable work histories and fewer job skills.

The 1989 survey highlighted the fact that women were largely dissatisfied with the types of vocational training and employment training and opportunities. Jobs available to the women were mainly described as unskilled, including cleaning, laundry and yard work. In terms of vocational training, the women voiced a desire for courses that developed skills leading to certificates and expressed interest in computing courses, electrician skills, carpentry and printing, among others. In general, the women were concerned with developing workable training skills and wanted to see training courses related to office and business skills, computers and word processing, lab technicians, hairdressing, library work and art and design. Advanced skills were also in demand by some, in the areas of photography, drafting, printing and carpentry while others wanted to gain experience and certification in skilled trades such as catering, carpentry, mechanics and construction. In the current survey, most women (86.7%) indicated that they worked or were currently working in some capacity at their facility, mainly with the maintenance department, institutional services or CORCAN Graphics. Others worked in the library, as receptionists or as tutors. A number of women (45.1%) had obtained certificates or diplomas since they first left school and many were likely obtained while incarcerated, although the survey question did not include a specific time frame. Certificates and diplomas listed by the women commonly included CPR and First Aid, Smartserve, Workplace Hazardous Materials Information System, keyboarding and secretarial training, computer training, bilingual diplomas, hairdressing and hospitality. Interestingly, it was mentioned in both versions of the survey that the pay scales did not reflect the rising costs of canteen.

These positive findings regarding women's institutional employment may be, in part, a result of the creation of the National Employment Strategy for Women Offenders (NES) in 2006, in order to better respond to the employment and employability needs of women. The overall goal of the National Employment Strategy for Women Offenders is to increase the number of practical and relevant job opportunities for women in the institutions and once in the community. The strategy incorporates the premise of a 'continuity of care' that begins by assessing their employment needs at intake and addressing them throughout their sentence, conditional release and eventual warrant expiry date. The NES also identifies several unique populations that require additional employment measures and

support; namely, women serving long sentences (10 years to life), women serving short sentences (less than four years), Aboriginal women and women with mental health concerns (CSC, 2006b).

Under the employment and employability program, women's employment needs and interests are identified at intake (Klassen, 2005; CSC, 2006b). Following assessment, they are assigned to various educational and vocational programs that will address their identified needs. The National Employment Skills Program is one such program, consisting of 13 group sessions and individual sessions. The program targets the development or improvement of offenders' fundamental skills, personal management skills and teamwork skills. Upon completion, offenders receive a certificate from the Conference Board of Canada (CSC, 2006b). Another such program is the Social Integration Program for Women which helps women prepare for their upcoming release. The 12 sessions encourage the development of positive attitudes towards work and develops the women's skills at resume preparation, job interviews, and job searching (CSC, 2006b).

Vocational programming/training is also an integral component of the National Employment Strategy for Women. Through certified third party training opportunities, the women are encouraged to participate in training in order to develop skills and gain experience that will help them obtain employment upon release. In the 2005-2006 year, 543 vocational certificates were earned by women inmates, mainly in the fields of food preparation, WHMIS, construction safety, first aid, computer training, basic food safety and traffic control (CSC, 2006b). Women also have the opportunity to work within their institution, in order to further develop and practice their employment related skills and ethics; indeed, in the current survey, over 85% of women reported working in their institution. Examples of potential work assignments include food services, facilities and ground maintenance and CORCAN enterprises (i.e., Textiles, Packaging and Private Business, Graphics, and Construction; CSC, 2006b).

Prior to release, the women are required to attend community transition sessions. These sessions centre on ensuring the women have access to any necessary educational and vocational programming as well as employment, by facilitating contact with CSC's Community Employment Centres (e.g., Elizabeth Fry Society, John Howard Society, YMCA and the private sector). These centres provide a variety of services, including employment assessments, counseling, job searching skills, vocational training and job placements. The National Employment Strategy also stresses the importance of utilizing escorted and unescorted temporary absences (ETAs/UTAs) so that women may meet with potential employers, meet with community employment counselors and agencies and register, if desired, in educational and vocational trainings. Ultimately, CSC believes that society and offenders are best served when they are able to reintegrate into the community in a manner that will reduce their risk of re-

offending (CSC, 2006b). For many women who lack education and job skills, the National Employment Strategy fills a much needed employment gap within women's corrections. Moreover, CSC's Employment and Employability strategy has been named a 'best practice' by the Re-Entry Policy Council, composed of policy makers and practitioners from across the US (Klassen, 2005).

Overall, the information outlined in this chapter suggests that CSC has made, and has the potential to continue to make, significant advancements in the area of education and employment and related interventions with women offenders. Education and employment initiatives are critical to successful reintegration efforts for women offenders and will inevitably remain a priority for CSC.

## CHAPTER V: Inside Women's Correctional Facilities

Many important and significant changes have occurred in women's corrections since the original survey, including the closure of the Prison for Women and the opening of regional facilities for women offenders (MacDonald & Watson, 2001). Given these changes, it was important to include areas in the current survey that would allow women to reflect on the new facilities, as well as what they felt may, or may not be working. Therefore, this chapter presents the results and discussion that pertain to the women's feedback about the institutions, including sections on their relationships with staff and other women inmates, safety and security, and accommodations (e.g., safety, security and consistency of environment).

### Interpersonal Relationships within Women's Institutions

#### *Staff*<sup>23</sup>

Most women (93.2%;  $n=164/176$ ) indicated that they got along well or very well with correctional staff and other staff at their institution; the remainder indicated that they did not get along well with the staff. Nearly half the women (49.4%) indicated that staff were 'always' or 'usually' sensitive to their feelings and views. Similarly, half the women (49.1%) felt that staff were 'always' or 'usually' sensitive to their cultural background and way of life (see Table 28).

Table 28. Sensitivity of Staff Towards the Women

Sensitivity Ratings	<i>n</i>	(%)
Sensitivity to Feelings and Views <sup>a</sup>		
Always	24	(13.8)
Usually	62	(35.6)
Sometimes	73	(42.0)
Never	15	(8.6)
Sensitivity to Cultural Background/Way of Life <sup>b</sup>		
Always	32	(18.7)
Usually	52	(30.4)
Sometimes	62	(36.3)
Never	25	(14.6)

<sup>a</sup> $n = 174$ . <sup>b</sup> $n = 171$ .

<sup>23</sup> The Research Branch is currently involved in a project examining the therapeutic/working alliance between staff and women inmates. The study will examine the extent to which these working alliances/relationships are characterized by healthy connections, and the impact this potentially has on women's institutional adjustment and rehabilitation.

The women also indicated that staff were usually able to understand and respond to their questions and concerns (40.6%;  $n=69/170$ ; see Table 29). Reportedly, some staff members were there to listen to the women and help them come up with a solution to their problem while others would go out of their way to find additional solutions or answers to the women’s problems if they were unable to provide them (23.8%;  $n=15/63$ ). Reflecting these ideas, some positive examples stemming from the women’s comments included that staff were kind, caring and respectful in nature, and that staff often reached out to provide assistance and support.

Table 29. Ability of Staff to Respond to Questions and Concerns

Rating	<i>n</i>	(%)
Always	18	(10.6)
Usually	69	(40.6)
Sometimes	70	(41.2)
Never	13	(7.6)

Note.  $n = 170$ .

Conversely, almost half of the women who offered comments also had negative comments ( $n=29/63$ ). Some of the women’s comments conveyed their impression that their concerns were not taken seriously, that they were viewed as a ‘paycheque’ and that ‘passing the buck’ was a resort for some staff ( $n=10$ ). One woman suggested that a list of staff responsibilities would be helpful, allowing inmates to approach the appropriate staff person with an issue right away, avoiding the frustrating process of redirection. Three women were concerned about staff reportedly lying or writing false reports that resulted in unfair punishment while three were of the opinion that staff disliked the inmates or allowed personal judgements/biases to cloud their treatment of the women.

The women were questioned on whether they thought staff working in a women’s facility should be required to complete any type of specific training. Just over half (56.4%;  $n=53/94$ ) of the non-Aboriginal women saw a need for specific staff training. Some of these women wrote that an understanding of women’s victimization and the effects of physical and sexual abuse on their emotional wellbeing was critical in order to prevent further victimization ( $n=7/47$ ). More sensitivity and better

communication and interpersonal skills ( $n=14$ ), training in DBT and psychology ( $n=6$ ) and a deeper understanding of addiction and mental health issues ( $n=8$ ) were other areas where the women mentioned staff could undergo training. One woman wanted ‘some type of program for staff that would teach them how to be consistent in their job performance and not just treat their job like a paycheque’. Of the women who identified as Aboriginal, 34.1% ( $n=15/44$ ) saw a need for specific staff training. A couple of the Aboriginal women wrote that staff could have a deeper understanding of their culture and their spiritual practices ( $n=2/14$ ); others wanted to see more kindness, less judgment and greater sensitivity to Aboriginal women’s past experiences with abuse and violence ( $n=4$ ).

### ***Overview and Recommendations: Relationships with Staff and Staff Training***

As part of the Creating Choices ‘Vision for Change’, staff working in women’s facilities were to have an understanding of the issues faced by federal women offenders and undergo mandatory training that emphasized counseling, communication and negotiation skills, Aboriginal traditions, spirituality, racism and sexism (Task Force on Federally Sentenced Women, 1990). Moreover, the Program Strategy for Women asserts that programs should be delivered by qualified, well-trained staff that possess the right attitude, experience and knowledge of women offenders to deliver effective correctional programs (Fortin, 2004). However, some of the women in the current survey were concerned that correctional staff occasionally ran programs, without what the women viewed as proper training or attitude, and that staff turnover disrupted the flow of the program. When asked in general whether the women saw a need for staff to undergo specific training before working in women’s corrections, the current survey reported that just over half of the non-Aboriginal women and just over one quarter of the Aboriginal women indicated a need for specific staff training and skill sets. These women relayed the need for staff to possess communication and interpersonal skills, accountability, patience, respect, understanding and less judgmental attitudes. Some further specified that staff should receive more training in DBT, addiction issues and possess an understanding of women’s victimization and the effects of physical and sexual abuse on the women’s emotional wellbeing. Aboriginal women who saw a need for more staff training stressed a need for staff to possess an understanding of Aboriginal culture and spiritual practices and a greater sensitivity to Aboriginal women’s experiences with abuse and violence. The 1989 survey had offered similar comments from the women in terms of staff training. The women specified that staff should receive specific training in psychology, human relations and communication skills. Many women had also discussed the need for staff to be cognizant of the effects and treatment of physical and sexual abuse as well as substance abuse. Aboriginal women indicated a need for non-Aboriginal staff to be

knowledgeable about Aboriginal culture and spirituality. Evidently, the qualities women view as important in correctional staff have remained largely the same over the last twenty years.

One example of training that researchers are advancing in relation to staff/service providers in women's corrections is the use of trauma theory and trauma-informed services. Given the high rates of trauma and victimization found in populations of incarcerated women, Covington and Bloom (2006) view trauma-informed training and services as critical in women's corrections. Trauma-informed services do not address the specific trauma; rather, they use an understanding of the impact of violence and trauma against women to address other problems in the women's lives. Trauma-informed staff can better respond to the needs of women with histories of victimization and can more fully understand their coping strategies. Sensitivity to the long lasting effects of abuse is essential in the criminal justice system, as correctional policies (e.g., searches, confinement and restraint) risk re-traumatizing women. Moreover, these researchers assert that without proper training in women offender issues, staff risk violating the concept of 'doing no harm' (Covington & Bloom, 2006).

Current national training standards for Correctional Service of Canada include the requirement that staff complete a number of general training programs within a specified timeframe following the start of their employment. For staff working within the women's institutions, in addition to the general training programs, staff must also complete the Women-Centered Training Program and several others that relate to the management of women offenders. The Women-Centered Training Program is mandatory for all frontline staff and consists of a 10 day training course followed by a 1 day refresher course every 2 years. The objective of the program is to equip staff with knowledge of issues relevant to women offenders, practical skills in relation to setting boundaries, and the ability to strike a balance between empowering the women to make meaningful choices and their safe and secure reintegration. Staff working in the Structured Living Environments or the Secure Units as well as institutional management must also complete Dialectical Behaviour Therapy Awareness Training. Anti-harassment training and suicide prevention training are additional required courses that are relevant to the women offender population (CSC, 2008a). Nonetheless, the women indicated a need for staff to continue to receive training if they are to work in women's corrections. An understanding of the effects of victimization, improved communication and interpersonal skills, accountability, training in DBT, more patience, respect and understanding and less judgmental attitudes were areas where some women saw a need for improvement in staff training. Given that some of these areas are indeed covered in the staff training, there may be disconnect between knowledge and actual practice of the lessons learned; what is learned must be consistently put into practice. It may be beneficial to examine CSC's National Training

Standards in order to ensure that the frequency with which refresher courses are offered is in accordance with these standards. Additionally, it may be of benefit to consider the use of informal measures, such as informational brown-bag lunches, guest-speakers or workshops on topics relating to women offenders, in order to encourage ongoing training.

***Other Women Inmates***

This chapter will now shift focus from the women’s relationships with institutional staff, to their relationships with each other. When all women’s facilities were considered, the number of housemates ranged from one to ten, although most women indicated they lived with ten other women (20.4%).<sup>24</sup> While 43.3% ( $n=71/164$ ) indicated this was a ‘good’ number of housemates to live with, 31.1% ( $n=51$ ) were of the opinion that it was ‘too many’. Nonetheless, almost three quarters of the women (72.4%;  $n=126/174$ ) ‘usually’ or ‘always’ got along with their housemates (see Table 30).

*Table 30. Women’s Ratings of How Often They Get Along With Their Housemates*

Frequency	<i>n</i>	(%)
Always	45	(25.9)
Usually	81	(46.6)
Sometimes	30	(17.2)
Rarely	10	(5.7)
Never	6	(3.4)
Not applicable	2	(1.1)

*Note.*  $n = 174$ .

When conflict and disagreements occurred, just under half of the women who offered comments (45 %;  $n=37/83$ ) indicated that food was the most common source of disagreement between the women. However, conflicts also frequently revolved around chore duties and cleanliness/hygiene ( $n=29$ ), noise levels ( $n=7$ ), confrontational and/or disrespectful attitudes and personality clashes ( $n=15$ ). One woman suggested that some conflicts could perhaps be avoided if more effort was made to place compatible

<sup>24</sup> This range in numbers reflects the different security levels present in the women’s facilities. Housing in the general population can accommodate 10 women while the Structured Living Environments accommodate eight women (CSC, 2002). In the Secure Units, there are typically two or three pods which accommodate four to six women per pod. Segregation units accommodate one woman per cell, with three to four cells on the unit, or, on average, 5% of the institution’s capacity (CSC, 2003c).

women together, rather than rooming women with substance abuse issues with those without, or women convicted of killing their child(ren) with other mothers, as another woman added. When conflicts did arise, most women dealt with the disagreements by talking it over (67%), followed by ignoring the situation and/or person involved (see Table 31). Although just over one quarter of the woman dealt with conflict by yelling and arguing, very few women indicated they resorted to violence. House meetings were mentioned by a few of the women ( $n=4/29$ ) as ‘other’ methods they used to handle conflict while other women wrote that they ignored the conflict and retreated to their rooms ( $n=10$ )

*Table 31. Methods Used to Handle Roommate Disagreements*

Method	<i>n</i>	(%)
Talk it over	73	(67.0)
Ignore them	48	(44.0)
Yell/scream	31	(28.4)
Peer mediation	7	(6.4)
Staff intervention	27	(24.8)
Violence	7	(6.4)
Other	29	(26.4)

*Note.*  $n = 109$ .

Suggestions were offered by the women as to how their relationships with the other women could be improved. With regard to issues arising from theft of food, personal locks on each woman’s food cabinet, cameras in the kitchen or individual rather than group food orders were offered as solutions ( $n=7/43$ ). Also suggested by some women were programs or workshops addressing basic living skills (e.g., communication and cooperation skills, basic hygiene and housekeeping skills;  $n=6$ ) in order to more effectively handle roommate conflict. Housing fewer women together, a house specifically for women serving life sentences and housing women with similar sentences, interests or personalities together (where possible) were additional suggestions ( $n=9$ ).

Most women (88.6%;  $n=148/167$ ) indicated that arguments and/or physical fights also occurred between other inmates, and a large proportion of the women attributed this to communication problems/misunderstandings (77.2%;  $n=112/145$ ), frustration (64.8%;  $n=94/145$ ), feeling victimized and provoked (78%;  $n=78/145$ ), as well as intimate relationships inside the facility (53.1%;  $n=77/145$ ).

Roughly half of the women also attributed conflict between inmates to disagreements over personal property. Debt and gangs were other issues that lead to arguments and/or physical fights, although to a lesser extent (see Table 32). A few women described bullies as the main source of ‘other’ conflict between inmates ( $n=5/32$ ).<sup>25</sup>

*Table 32. Reasons for Arguments/Physical Fights Between Inmates*

Reasons	<i>n</i>	(%)
Personal property	66	(45.5)
Communication/misunderstandings	112	(77.2)
Relationships	77	(53.1)
Boredom	49	(33.8)
Frustration	94	(64.8)
Feeling victimized/provoked	78	(53.8)
Debt	44	(30.3)
Gang	20	(13.8)
Other	34	(23.4)

*Note.*  $n = 145$ .

### ***Overview and Recommendations: Correctional Service of Canada’s Response to Women and Bullying***

An issue that was raised in the current survey by some women concerned the behaviour of some of the inmates. These inmates were described as causing conflict through aggressive, bullying behaviour and gossip. Intimidation, physical and verbal abuse were tactics used by these women in attempt to control other inmates, also using staff shortages to their advantages. Additionally, some women who were serving longer sentences were reported to play games with the other women, behaved abusively and attempted to run the facility. Although the survey did not inquire specifically as to the presence or experience of bullies, this issue was raised at multiple points in the women’s responses. These findings are not surprising as bullying behaviour was raised as an area of concern by Her Majesty’s Inspectorate

<sup>25</sup> The topic of bullies was mentioned by multiple women at different points during the survey; thus, the proportion of women who have witnessed or experienced bullying is likely greater than indicated within this section.

of Prisons<sup>26</sup>, following a thorough review of Nova Institution and Grand Valley Institution in 2005. The available research examining bullying at correctional facilities, or among women offenders, has found that bullying behaviour is often verbal or relational (e.g., gossiping, intimidation, social exclusion) rather than physical (e.g., Ireland, 2001; CSC, n.d.b).

Bullying is marked by a power differential and involves the bully asserting their power through physical or relational acts of aggression, whether direct or indirect. A single incident can be considered bullying, especially if the individual becomes fearful of future victimization. The effects of bullying on both the individual and the institution are widespread. The individual often suffers anxiety, fear and distress as bullying can have a profoundly negative impact on one's psychological wellbeing. Depending on the individual, this may exacerbate pre-existing pathology or self-harming behaviours. Moreover, bullying can foster an institutional culture of intimidation, aggression and fear, threaten the safety of both staff and offenders and damage the process of rehabilitation (e.g., CSC, n.d.b; Ireland, 2000).

Following the review by Her Majesty's Inspectorate of Prisons, CSC established the Creating Safer Institutional Environments National Initiative, launched in the fall of 2008. The Creating Safer Institutional Environments (Anti-Bullying) Initiative aims to promote offender accountability while supporting institutions' efforts to create a safe, respectful environment (CSC, n.d.b). The National Initiative provides direction and support to each institution's Safer Institutional Environments (SIE) Strategy. Each institution develops their own strategy for addressing bullying behaviour while the National Initiative provides the *key beliefs* and *essential elements* that must be included in the strategy. The Initiative is grounded in the five principles of Creating Choices (i.e., empowerment, meaningful and responsible choices, respect and dignity, supportive environment and shared responsibility) and also stresses the values of being women-centered (i.e., the context of women's lives must be acknowledged in relation to their actions), diversity (i.e., women offenders are a heterogeneous group and exhibit different needs and come from different backgrounds; these differences must be recognized and respected), holistic (i.e., the institutional environment is a product of everyone and each individual can help contribute to a healthy environment), flexible and sustainable (i.e., as each institution differs, the institutions must have the flexibility to adapt their own strategy to suit their needs) and continuity of care (i.e., the essence of the Initiative must be embodied at every point, from the beginning of and throughout their sentence and into the community). The SIEs meet every month and work to encourage safe, respectful environments while dealing with specific bullying concerns. Education and awareness of

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<sup>26</sup> Her Majesty's Inspectorate of Prisons is an independent inspectorate reporting on the conditions and treatment of prisoners in England and Wales. Inspections conducted by this are not only limited to these jurisdictions, but also have been conducted internationally, including reviews of Canadian correctional institutions (i.e., Nova and GVI).

anti-bullying initiatives is critical, and the SIE is responsible for organizing activities that address the issues of bullying; suggested activities include informational brown-bag lunches, movie nights with follow-up discussion and workshops on healthy relationships, to name a few. Staff now receives training on the issue of bullying and inmates are provided with information as to what constitutes bullying behaviours, a copy of the National Initiative as well as the details on their site's specific strategy (CSC, n.d.b).

This initiative supports CSC's commitment to offering a safe and secure environment for both staff and offenders. Moreover, the initiative supports efforts to transition women into society safely, by encouraging women offenders to respond to difficult and/or aggressive people and situations in manners that are healthy and pro-social (CSC, n.d.b). As the initiative is quite new, it will be interesting to hear from staff and inmates in the future on the efficacy and impacts of their institution's initiatives.

## **Security and Accommodations**

### ***Rules and Discipline***

Rules and discipline make up a large component of the static security measures within correctional facilities. Just over three quarters (77.6%;  $n=132/170$ ) of the women were of the opinion that the rules and discipline were 'usually' or 'always' appropriate, 18.8% ( $n=32$ ) indicated they were 'not appropriate' (the remainder indicated they had an 'other' opinion, included in the overall comments). Several women voiced complaints with regard to what they described as the inconsistent enforcement of the rules and discipline (14.5%;  $n=8/55$ ).<sup>27</sup> One woman commented that while the rules were appropriate, enforcement and discipline were lax. A few women were frustrated that they were sometimes punished for infractions committed by other inmates ( $n=3$ ) while others described certain staff members as judgemental, biased, racist and/or homophobic ( $n=6$ ). Some were also of the opinion that certain behaviours should not necessarily result in punishment which was also noted in the 1989 survey ( $n=4/55$ ). One woman was frustrated that sharing extra food with other women led to charges of bartering and trading, which was described as overly punitive. Overall, fair, consistent and equal treatment with regard to rules and discipline was of great importance to the women who, for the most part, recognized in their comments that rules were necessary to the facility.

When conflicts and disagreements occurred in the institution, most women attributed the problems to relationships inside the facility and frustration over lost privileges and punishments (see

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<sup>27</sup> Frustration over the inconsistent enforcement of rules and discipline was mentioned at multiple points throughout the survey; accordingly, it is likely higher than the reported 8.

Table 33). Violence, drugs and gangs/cliques are also sources of conflict within the institution. One woman described how certain groups of women ('not quite gangs, not quite cliques') caused problems for other women through aggressive, bullying behaviour and gossip. Furthermore, a few women reported problems relating to women with serious mental illnesses ( $n=3/39$ ) as these women were described as difficult to live with, and were at the heart of conflicts relating to hygiene and housing issues. According to other women's comments ( $n=7$ ), staff could also play a role in conflict as well. Combative or provocative attitudes, on the part of staff, antagonized the women and incited further conflict. However, not all conflict was believed by the women to be caused by factors inside the facility, as many women indicated that it was factors outside of the facility (i.e., not related to or in control of the facility) that were the causes of conflicts and disagreements.

*Table 33. Reasons for Conflict and Disagreements*

Reasons	<i>n</i>	(%)
Factors outside facility	47	(31.8)
Frustration over lost privileges	92	(51.7)
Relationships inside facility	99	(66.9)
Drugs inside facility	50	(33.8)
Money inside facility	22	(14.9)
Gambling debts inside facility	21	(14.2)
Violence inside facility	67	(45.3)
Gangs inside facility	37	(25.0)
Other	40	(27.0)

*Note.*  $n = 148$ .

The women were next questioned on their experiences with the inmate grievance process and almost three quarters (71.5%;  $n=123/172$ ) indicated that they were familiar with it. For the most part, those who were familiar with it viewed the grievance process as 'satisfactory' to 'below satisfactory' (see Table 34).

Table 34. Women’s Opinion of the Grievance Process

Opinion	<i>n</i>	(%)
Above Satisfactory	4	(3.4)
Satisfactory	42	(36.2)
Below Satisfactory	31	(26.7)
Unsatisfactory	23	(19.8)
Unsure	16	(13.8)

Note. *n* = 116.

According to over one quarter of the women who offered comments (*n*=20), ‘nothing ever happens’ after filing a grievance, complaints are not taken seriously and have taken more than six months to be addressed.<sup>28</sup> Overall, the grievance process was viewed by some of the women as a ‘lengthy waste of time’ that usually resulted in the denial of their grievance and ‘at the very least, stigmatization by [some] staff.’

***Overview and Recommendations: Behaviour and Discipline***

Incarcerated women face a variety of environmental stressors in their daily lives that affect both their physical and mental health (Lindquist & Lindquist, 1997). Rules and discipline are an inevitable and necessary part of the correctional system; however, the manner in which they are applied and enforced can act as stressors for the women. Research has found that rules and disciplinary measures are often selectively enforced in correctional facilities, depending on a variety of factors (Roth, 1985, as cited in Lindquist & Lindquist, 1997). The staff on duty and their current mood, the particular inmate involved, the relationship between staff and inmate and the ease with which the rule can be enforced are all factors that interact to create an environment that is often anything but consistent. These inconsistencies and the ambiguity surrounding rule enforcement creates chronic feelings of stress and anxiety and weigh heavily on the wellbeing of incarcerated women (Lindquist & Lindquist, 1997).

As part of the Correctional Service of Canada’s strategy for women offenders, consistency is deemed to be a critical component of the overall environment of the institution. Accordingly, institutional staff must attempt to offer an environment that is ‘generally predictable’ (Laishes, 2002, p. 13). The women can enjoy the benefits of consistency when rules and expectations are clear and

<sup>28</sup> See Behaviour and Discipline discussion within the “Overview and Recommendations: Offender Complaints and Grievance Process” section for more information on policy surrounding CSC’s grievance process.

uniformly enforced, reducing feelings of apprehension and uncertainty and promoting feelings of safety and security. Furthermore, a consistent environment provides a more supportive atmosphere for the women to successfully complete their treatment and programming, while providing a safe environment to practice their newly acquired skills (Laishes, 2002).

The inconsistent and sometimes seemingly arbitrary enforcement of rules and discipline were issues that were previously highlighted in the 1989 report. The women suggested at the time that a clear list of rules and regulations should be available to every woman on arrival. A clear understanding of the rules and regulations, as well as the accompanying reasons, would provide the women with a uniform code of behaviour while reducing arbitrary enforcement by staff (Shaw, 1991). Concerns about rules and discipline in the current survey were strikingly similar to those reported in the 1989 survey. Many women viewed the enforcement of rules and disciplinary measures as inconsistent and sporadic, depending on the inmate(s) and staff member(s) involved. Also similar to the 1989 survey were the opinions of some women that certain behaviour should not necessarily result in punishment (e.g., sharing left over food) and that they should not all be punished for infractions committed by another inmate. As a final suggestion from the women, a list of staff functions would allow them to approach the appropriate staff member for a specific issue or concern, avoiding being redirected from one staff member to another.

### ***Overview and Recommendations: Offender Complaint and Grievance Process***

Following questions regarding the women's experiences of the discipline at their facility, the survey inquired as to their experiences with the grievance process. For inmates who feel they have been treated unfairly or in a manner that deviates from existing legislation or policy, the Offender Complaint and Grievance Process (*Commissioner's Directive-081*) acts as a means of redress for the given individual. Key principles in the Complaint and Grievance Process include the recognition that an offender has a right to file complaints/grievances and appeal decisions without resulting in embarrassment, intimidation or other forms of punishment. Ideally, this process allows for the identification and resolution of institutional problems, thereby creating a safer environment while encouraging offenders to address problems through official means. Moreover, the process supports the principle that any decision affecting an offender must adhere to the law, be of ethical nature and respectful of human rights (CSC, 2008b).

The process itself is comprised of four levels: written complaints, first level grievances, second level grievances and third level grievances, with submissions being made to the first level initially before working their way up the levels. Complaints and first and second level grievances are normally to

be addressed within 25 working days once the decision-maker has received the complaint/grievance. Normally, third level grievances, once received by the decision-maker, are addressed within 80 working days. If the offender is not satisfied with the complete, written response to all concerns that were expressed in the complaint/grievance, they can choose to submit said grievance to the next level, within 20 days. A complaint or grievance may be rejected if it is found to be 'frivolous, vexatious, offensive or not made in good faith (see *Commissioner's Directive-081*, s. 47). Furthermore, an offender may be declared a multiple griever if they are found to submit multiple complaints or grievances to the extent that their number of complaints/grievances negatively affects the ability of CSC to respond to those submitted by others (CSC, 2008b).

In the current survey, although most women indicated they viewed the grievance process as 'satisfactory', this number was smaller than the combined number of women who viewed the process as either 'below satisfactory' or 'unsatisfactory', indicating an overall dissatisfaction from the women with regard to the process. Some women who were dissatisfied with the grievance process indicated that they were intimidated and punished by staff for filing grievances; this concern is worth noting and perhaps further examining, given CSC's principle that an offender has a right to file complaints/grievances and appeal decisions without repercussions. Moreover, some women indicated that complaints have taken more than six months to be addressed which appears to run counter to the timeframes outlined in the policy. However, this may reflect a complaint/grievance that was appealed at multiple levels which would, in turn, lengthen the amount of time before a response is received. Another contributing factor to the long timeframes may be that, as the incarcerated population of women continues to increase, CSC must handle an ever increasing number of grievances (CSC, 2006c). There is also a small number of offenders who consistently file grievances that are considered frivolous and vexatious; these 'multiple grievors' contribute to the volume of grievances received (Report of the Correctional Service of Canada Review Panel, 2007). As the results of this survey are self-reported experiences with the grievance process, it is impossible to determine if some of the women's frustrations are a result of being denied or declared a 'multiple griever'.

Compared to the 1989 survey, in which 56% of the women described the grievance process as not satisfactory, a slight decrease is seen in the current survey with 46.5% of the women viewing the process as 'below satisfactory' or 'unsatisfactory'. Comments offered from the women were also strikingly similar; women in both surveys described the grievance process as 'a waste of time' resulting in punishment and ostracizing from staff and that, in their opinion, inmates never seemed to win. Women in both surveys expressed frustration at the length of time they wait before receiving a response,

although in the 1989 survey, some women described waiting over a year while in the current survey, they described waiting more than six months. However, the very nature of grievances (i.e., an individual is unhappy with a decision or manner in which they have been treated) means that the grievance process is delicate and can be a contentious issue for both inmates and staff. A more timely process and greater recognition of an offender's right to file a grievance (where the grievance is legitimate) without resulting stigma may help alleviate some of the concerns described by the women. Additionally, the use of more informal measures to solve conflict and disputes could be beneficial. Examples include encouraging the women to discuss issues with their Primary Workers, the Inmate Committee and convening talking circles and/or house meetings.

### *Accommodations*

In an effort to determine the ways in which life has changed for women serving federal sentences in Canada since the opening of the regional facilities, a series of questions were posed concerning past and present accommodation experiences. Only 9% of the women ( $n=16/171$ ) had ever spent time in an isolated unit in a men's facility but for those who had, their time was typically served at either Springhill Institution ( $n=7$ ) or Saskatchewan Penitentiary ( $n=4$ )<sup>29</sup>. As to whether the experience was positive, indifferent, or negative, the women were fairly divided between feeling it was 'negative' (40%;  $n=6$ ) and feeling 'indifferent' (40%).

Even fewer women had ever spent time in the Prison for Women. In fact, only 3.1% ( $n=5/159$ ) indicated that they had. Three of these women indicated that, if given the choice, they would prefer to serve their sentences at Prison for Women than at their current locations. One woman indicated she preferred her current location and another woman declined to answer. Some of the reasons offered were that there was more work, in terms of programming and jobs, at Prison for Women and that despite known difficulties and challenges, [the women] 'knew where [they] stood.'

The women were next questioned about various aspects of the environment at their facility, including their feelings of safety and security, their physical surroundings and the extent to which their environment was therapeutic, consistent, supportive and constructive. For clarity and comparative purposes, detailed results are displayed in Table 35 according to facility, following which a more general overview of the women's comments and feedback is provided.

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<sup>29</sup> The remaining women listed serving time in various provincial institutions and at the Regional Psychiatric Centre in Saskatoon. In addition, one woman mentioned serving time in a prison in the United States.

Table 35. Characteristics of the Environment, by Facility

Rating	Nova Institution for Women  N=39 n (%)	Joliette Institution  N=28 n (%)	Grand Valley Institution for Women  N=24 n (%)	Okimaw Ohci Healing Lodge  N=14 n (%)	Edmonton Institution for women  N=50 n (%)	Fraser Valley Institution  N=13 n (%)
<b>Physical environment</b>						
Excellent	6(15.4)	8(28.6)	4(16.7)	6(46.2)	17(34.0)	3(23.1)
Good	11(28.2)	15(53.6)	9(37.5)	5(38.5)	9(18.0)	5(38.5)
Alright	18(46.2)	2(7.1)	7(29.5)	2(15.4)	19(38.0)	5(38.5)
Poor	4(10.3)	0(0.0)	3(12.5)	0(0.0)	5(10.0)	0(0.0)
Terrible	0(0.0)	3(10.7)	1(4.2)	0(0.0)	0(0.0)	0(0.0)
<b>Consistency of environment</b>						
Always	3(7.9)	3(11.1)	1(4.2)	4(28.6)	8(16.3)	2(16.7)
Usually	9(23.7)	15(55.6)	6(25.0)	7(50.0)	17(34.7)	2(16.7)
Sometimes	14(36.8)	4(14.8)	9(37.5)	3(21.4)	16(32.7)	2(16.7)
Rarely	8(21.1)	2(7.4)	5(20.8)	0(0.0)	5(10.2)	5(41.7)
Never	4(10.5)	3(11.1)	2(8.3)	0(0.0)	3(6.1)	1(8.3)
<b>Safety and security of environment</b>						
Always	12(30.8)	7(25.0)	6(25.0)	7(50.0)	25(50.0)	3(23.1)
Usually	20(51.3)	17(60.7)	11(45.8)	7(50.0)	16(32.0)	7(53.8)
Sometimes	5(12.8)	2(7.1)	6(25.0)	0(0.0)	9(18.0)	2(15.4)
Rarely	1(2.6)	2(7.1)	1(4.2)	0(0.0)	0(0.0)	1(7.7)
Never	1(2.6)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)

Overall, most women rated their physical environment positively and, for the most part, reported that their environment was ‘usually’ or ‘always’ consistent, supportive, constructive and therapeutic. Some concerns were raised with regard to the state of the physical infrastructure, with women reporting

that there was a need to repair, or upgrade the houses ( $n=13/39$ )<sup>30</sup>. Additionally, although the environments were found to usually be supportive and consistent, some of the women's comments ( $n=21$ ) mentioned that certain staff and inmates, as well as the inconsistent application of rules and discipline countered the otherwise therapeutic atmosphere.

In terms of safety and security, while most women felt 'usually' or 'always' safe and secure at their facility (see Table 35), an issue that did come up was that of bullying. Some women reported fearing other inmates they referred to as 'bullies', who had been manipulative and sometimes resorted to physical and verbal abuse ( $n=11$ ). These bullies reportedly had poor attitudes and intimidated and attempted to control the other inmates.<sup>31</sup> Four women reported being the victims of violence or witnessing extremely violent acts against other women, while three others commented that certain women with unstable mental illnesses, who were prone to disruptive and violent behaviour, would be better suited to psychiatric facilities.

The original survey by Shaw in 1989 inquired about the women's opinions as to the amount of security they thought they required,<sup>32</sup> as one concern at the time was that P4W housed women at higher levels of security than warranted.<sup>33</sup> In the interest of comparison, the women in the current survey were also questioned as to the amount of security they viewed themselves as requiring, both inside and outside their facility. Approximately half of the women indicated they did not need any security or supervision inside or outside the facility. Less than one quarter indicated they needed 'lots' of security or supervision inside and outside the facility (see Table 36).

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<sup>30</sup> Concern over the infrastructure and facilities requiring maintenance and repairs is a noted priority within the organization at the time this report was being written (Report of the Correctional Service of Canada Review Panel, 2007).

<sup>31</sup> As briefly discussed within a previous section of this chapter, recognizing the growing issue of bullying and relational aggression within the women's facilities, CSC launched an anti-bullying initiative in the fall of 2008. The Creating Safer Institutional Environments (Anti-Bullying) Initiative aims to promote offender accountability while supporting institutions' efforts to create a safe, respectful environment (CSC, n.d.a). See Discussion - Relationships with other Women Inmates.

<sup>32</sup> The women in the original survey are reported as saying they need support, not security (see Shaw, 1991-4, p. 58).

<sup>33</sup> Concern had been expressed by the Royal Commission on the Status of Women in 1970 and again by the House of Commons Standing Committee on Justice and Legal Affairs (Daubney Committee) in 1988 that all women, regardless of their security classification, were managed in a maximum security environment (Task Force on Federally Sentenced Women, 1990).

Table 36. Self-Assessed Security Requirements Inside and Outside Facility

Amount of Security	<i>N</i>	(%)
Do not need much security	76	(49.4)
Some security outside, not inside	7	(4.5)
Some security inside, not outside	9	(5.8)
Some security inside and outside	24	(15.6)
Lots of security outside, not inside	6	(3.9)
Lots of security inside, not outside	8	(5.2)
Lots of security inside and outside	24	(15.6)

Note. *n* = 154.

When asked what was most important to the women in a correctional facility, safety was of top priority, followed by access to appropriate programming and being close to home (see Table 37). Basics such as accountability, fair treatment, respect and encouragement from staff and inmates were also important to the women (*n*=9/20). ‘Other’ examples provided by some women included visits without cancellations, regular PFVs, and being housed with women who presented similar characteristics (e.g., women striving to remain substance free, women over 50 years).

Table 37. Important Qualities for a Correctional Facility

Correctional Facility Quality	<i>N</i>	(%)
Close to home	97	(58.1)
Women only	20	(12.0)
Access to programs	107	(64.1)
Similar sentences	39	(23.4)
Safety	118	(70.7)
Other	23	(13.8)

Note. *n* = 167.

Overall, this chapter has provided a glimpse inside women’s correctional facilities through the eyes of the women themselves. In light of on-going research on the value of relational theory for women offenders, understanding the interpersonal relationships among women and between staff and

women is a critical initiative. Furthermore, understanding the context underlying inmate behaviour and the women's perspectives on the offender grievance process will assist in planning of management practices. Finally, recognizing concerns around accommodations and spirituality and the impact these areas have on behaviour is critical in the Service's ability to best meet the needs of these offenders while at the same time contributing to their safe reintegration into the community.

## CHAPTER VI: Programming in Women's Corrections

Important results from the original survey concerned improving the programs available for women offenders, and as a result the Task Force recognized the need to develop and incorporate more programming opportunities for women (Task Force on Federally Sentenced Women, 1990). Subsequently, an important area to cover in the current study was the programming options that have been made available to women since this time.

Within this chapter, results pertaining to different areas concerning programs will be presented. The women were questioned on the types of programs they had taken and those they wished to take in the future. Women were also provided with the opportunity to comment on the experiences they've had with the programs.<sup>34</sup> The first section covered will present results and discussion pertaining to general programs; here, results will be presented according to the type of program (e.g., correctional programs, mental health programs, education, employment and employability programs and social programs). The second section will then focus specifically on Aboriginal programs. It should be noted that not all programs are discussed; only the programs for which the women offered comments are presented; otherwise, only statistics relating to program interest and completion are available. Finally, problems the women have encountered with regard to programming will be reported.

For clarity and comparative purpose, a table format of the results can be viewed on the following page (see Table 38).

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<sup>34</sup> Some of these programs are no longer offered, but were available during the women's periods of incarceration. Newer programs were not included as they were not offered during the period of data collection.

Table 38. Involvement and Interest Rates for Women's Programming

Programming	<i>n</i> (%)	<i>n</i> (%)
	Have Taken	Would like to Take
<b>General Programs<sup>a</sup></b>		
Women Offender Substance Abuse (Na)	123 (69.9)	25 (14.2)
Sex Offender Therapy (Na)	6 (3.4)	14 (8.0)
Reasoning and Rehabilitation (Na, R)	13 (7.4)	37 (21.0)
Anger and Emotions Management (Na, R)	51 (29.0)	50 (28.4)
Dialectical Behaviour Therapy (Na)	50 (28.4)	18 (10.2)
Survivors of Abuse and Trauma (S)	41 (23.3)	40 (22.7)
Psychosocial Rehabilitation (Na)	10 (5.7)	21 (11.8)
Keys to Family Literacy (Na)	9 (5.1)	29 (16.5)
Employment and Employability (Na)	30 (17.0)	51 (29.0)
Parenting Skills (S)	36 (20.5)	34 (19.3)
Mother-Child (Na)	10 (5.7)	30 (17.0)
Choosing Health in Prison (Na)	19 (10.8)	28 (15.9)
Social Integration Program for Women (Na)	23 (13.1)	41 (23.3)
Peer Support (Na)	32 (18.2)	31 (17.6)
Leisure Education/Skills <sup>b</sup> (Na,R)	20 (11.4)	33 (18.8)
Lifeline (Na)	13 (7.4)	22 (12.5)
Canine Program (S)	20 (11.4)	37 (21.0)
Horticulture Program (S)	28 (15.9)	23 (13.1)
Other	16 (9.1)	10 (5.7)
<b>Aboriginal Programs<sup>c</sup></b>		
Circles of Change (Na)	10 (18.2)	15 (27.3)
Family Life Improvement (Na, R)	0 (0)	18 (32.7)
Spirit of a Warrior (Na)	13 (23.6)	15 (27.3)

*Note.* Programs are offered either nationally at each site (Na) or are site specific (S) while others have been replaced with updated/adapted programs (R), as determined through consultation with the Women Offender Sector at CSC.

<sup>a</sup>*n* = 176. <sup>b</sup>Leisure Education has been incorporated into the Social Integration Program. <sup>c</sup>*n* = 55.

## **General Programs**

### ***Correctional Programs***

Almost three quarters of the women had taken part in the Women Offender Substance Abuse Program (WOSAP), and another 14.2% indicated interest in taking the program. For the most part, those who had taken WOSAP had positive views of the program and described it as ‘insightful and helpful’, provided one applied what she had learned to her life (41.9%;  $n= 31/74$ ). These women described the program as ‘wonderful’ and explained how the program had equipped them with a greater understanding of their addictions and taught them valuable coping skills. However, a problem according to four of the women was the infrequency with which the program was run. These women reported that this created problems for those who were waiting for a specific module, or who needed substance abuse treatment for parole but were on waiting lists. As one woman wrote, ‘it is pretty bad that a 12 week program takes 9-12 months [to complete].’ Another woman wanted to take the program as it dealt with addiction; however, as her addiction was to gambling and not substances, she was denied.<sup>35</sup>

The Anger and Emotion Program had been completed by just over one quarter of the women and approximately another quarter expressed interest in the course. Many indicated the program was excellent and that the anger management skills would be beneficial in their day to day lives (23.9%;  $n=11/46$ ). Some of the women conveyed a strong desire to take the program, recognizing the impact their anger issues have had on their wellbeing (13.0%;  $n=6$ ). However, not everyone who saw a personal need for the program was able to take it, as there was not enough staff to run the program in some facilities or they were on waiting lists (13.0%;  $n=6$ ). Criticisms of the program were directed primarily at its short length, with comments that occasional ‘booster’ classes should be offered (8.7%;  $n=4$ ).

### ***Mental Health Programs***

The Dialectical Behavior Therapy Program had been completed by just over one quarter of the women and another 10.2% indicated an interest in taking the course in the future. Most of the women had positive things to say about the program; many commented that it was the best program they had ever taken, was life changing or very useful (59.5%;  $n=25/42$ ). The program reportedly taught these women a great deal about themselves as well as important skills and tools to help in their daily living. Four women were concerned that staff occasionally ran the program without the proper training, qualifications or attitude and one woman suggested the use of role play and hands on exercises.

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<sup>35</sup> Currently in development is the Women’s Moderate Integrated Correctional Program, a holistic and integrated approach to addressing women’s substance abuse issues, as well as gambling addictions, fraud and shoplifting, among others. The project is to be piloted in 2010.

Slightly less than one quarter had taken Survivors of Abuse and Trauma and approximately another quarter was interested in taking the program. More than half of the women who had taken the program described the program as excellent and as one of the best therapy and counseling programs they had ever taken (60.0%;  $n=18/30$ ). One woman described the program as ‘the beginning of her recovery’; another described it as ‘intense but good’. Although not all the women felt emotionally ready to participate in the program just yet, some nonetheless recognized the need to proactively deal with the abuse in their lives or wanted to see the program offered at their facility ( $n=5$ ). There were only two negative comments; one woman felt that the program only placed the blame for their own actions onto others, while another felt that the program should be longer.

### ***Education and Employment and Employability Programs***

Despite the fact that only 5.1% of the women reported taking Keys to Family Literacy, 16.5% hoped to have the opportunity to take the course. Few criticisms were offered ( $n=2/8$ ); the program was ‘boring’ according to one woman while another woman who wanted to take the program was ‘not viewed as a priority’, as she was serving a longer sentence.

Although only 17% of the women had participated in the Employment and Employability program, 29% would have liked to become involved. Of the women who commented on their experience with this program, a number had positive things to say (38.9%;  $n=7/18$ ). These women reported that the program was excellent and provided useful work experience and skills for release.

### ***Social Programs***

The Parenting Skills program had been completed by 20.5% of the women and 19.3% hoped to take the program in the future. In terms of problems encountered by the women, program accessibility was an issue, as several women commented that although they wanted to take the program, it was not offered at their facility ( $n=4/14$ ). Two women wrote that it was a little too basic and mostly common sense, and could afford to go more in-depth. However, other women loved it and learned a lot, hoping to take the course again in the future.

While only 13.1% of the women surveyed had participated in the Social Integration Program, approximately one quarter would like to participate in the program. Comments from the women who had taken the Social Integration Program were somewhat mixed. Some of the women commented that they found it useful and believed it would be helpful upon release, connecting them with valuable community resources ( $n=5/18$ ), while others suggested that it was just okay, that the depth of the program needs work and that it was a little too ‘boring, basic and dry’ ( $n=3$ ).

The Peer Support program had been completed by 18.2% of the women and 17.6% expressed an interest in taking the course. Half of the women commented on how much they loved the program, describing it as ‘insightful’, ‘informative’ and ‘helpful upon release’ ( $n=6/12$ ). Two women were denied the program, one because of her criminal history, another due to her young age. While one woman loved the information sessions and training, she didn’t feel there was enough follow through and involvement in the ‘useful’ part of the program (i.e., helping others). One woman expressed concern that the program allowed room for control over other women.

Although few women (11.4%) had participated in the Canine Program, almost one quarter of the women would like the opportunity to train dogs. Location is a factor, however, as the opportunity to train dogs is only available at Nova Institution and Fraser Valley Institution presently. Dog training was described by multiple women as very therapeutic, useful and excellent ( $n=9/16$ ). The dogs provided unconditional love according to one woman and writing out the dog training plan had taught her how to plan in advance and organize her priorities. Another woman commented that she felt the program was very helpful for women serving life sentences. However, one woman indicated that there were problems stemming from poor organization, high employee turnover and a lack of skills applicable on the outside.

The women who participated in the Horticulture Program (15.9%) loved the program, describing it as very interesting and ‘less theoretical, more practical’ ( $n=9/12$ ). While one woman noted that the program was not very challenging, she nonetheless enjoyed it and found it useful with the intention of pursuing horticulture in the future. An additional 13.1% of the women indicated an interest in taking the course.

The women were asked to list any programs they had participated in but were not explicitly mentioned in the survey. Business and finance programs were mentioned by a couple women ( $n=2/28$ ). One woman described the Portfolio Building and Future Works courses as the ‘best [she] had taken’, as it has provided her with job marketable skills. Some of the women were involved in the Horse Program ( $n=6$ ) and offered positive reviews ( $n=3$ ). The Horse Program built the confidence of one of the women and taught her how to trust again while for another woman it was a source of comfort and patience as well as trust. The Grief and Loss Recovery Program was of great benefit to two women, one who commented that it helped her understand the steps of grieving and what it meant for her. One woman expressed great enjoyment of ‘Kairos Marathons’ and hoped to see the marathons occurring regularly.<sup>36</sup>

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<sup>36</sup> These marathons are offered as non-institutional programs and take place over two days. The marathon involves continuous group counseling sessions where the inmates can talk, relay their stories and experiences, share their concerns and offer their support (Christian Council for Reconciliation, n.d.).

## **Aboriginal Programming**

Of the 55 women who self-identified as Aboriginal, less than one quarter had taken Circles of Change although another one quarter would like to participate in the program. Many of the women who had already completed the program described it as ‘one of the best’ they had ever taken ( $n=7/11$ ), although one described it as ‘not as in-depth as Spirit of a Warrior’ and another woman described it as ‘too much of a relapse prevention program.’ The program seemed to offer the women hope for the future, addressing their spiritual needs and encouraging personal growth. One woman who loved the program commented that ‘[they] learned and [they] grew. [They] are all better for having taken it.’ The suggestion to make the program longer was offered by one woman.

Approximately one quarter of the Aboriginal women who responded had taken Spirit of a Warrior and approximately another one quarter wanted to take the program. The women who had completed the program described it as ‘excellent’, providing them with useful, healthy skills for life ( $n=6/9$ ). One woman who was interested in the program hoped to take it so that she could learn more about herself and where she came from, with regard to her Aboriginal heritage.

Overall, 89 (51.7%;  $n=89/172$ ) women who responded to the survey had experience with Aboriginal spiritual and cultural programming. Most women rated their experiences with Aboriginal programming as ‘good’ or ‘excellent’ (84.9%;  $n=73/86$ ). Only 15.1% ( $n=13$ ) rated their experiences as ‘satisfactory’ or ‘poor’.

## **Programming Concerns**

When asked whether they had ever had problems or difficulties when trying to participate in a program, 44.7% ( $n=72/161$ ) of the women indicated they had experienced difficulties while 6.2% ( $n=10$ ) did not have any experience with programs. The unavailability of programs and long wait lists were problems cited by many women ( $n=32/73$ ). They relayed how programs that ran infrequently (often due to staff shortages) negatively impacted their correctional plans, postponed their parole and ultimately lengthened their incarceration time. Difficulty obtaining the required course referrals ( $n=4$ ) and courses that were not offered in French ( $n=2$ ) were noted by a few of the women as further problems. Women classified as maximum security reported having even fewer program opportunities ( $n=4$ ); one woman expressed concern that they were the ones who needed programming the most. Some of the comments reflected surprise from the women that certain types of programming were even offered, as they were not available at their current facility ( $n=6$ ).

Overall, the women were divided on whether or not they thought there were enough programs available to them, as 46.2% ( $n=78/169$ ) indicated there were enough programs available while 53.8% ( $n=91$ ) did not feel there were enough programs available. For those who did not think there were enough programs, they were asked what they would like to see more of. Of the 80 women who suggested programs, many already exist. However, this may relate to the infrequency with which some of the programs are offered. The women wrote that they wanted to see more opportunities to gain job skills/trades/employment ( $n=22$ ), programs dealing with anger and emotions ( $n=14$ ), parenting classes ( $n=9$ ), addiction programming ( $n=8$ ), community reintegration programming ( $n=6$ ), culturally specific programming (e.g., for Aboriginal and Black women;  $n=6$ ), programming for lifers or older women ( $n=6$ ), programs for women who have experienced abuse ( $n=5$ ), more leisure, exercise and recreation activities ( $n=5$ ), more opportunities to participate in the canine program ( $n=4$ ) and more programming in general ( $n=13$ ). Programming for women with unhealthy relationships/co-dependency issues ( $n=3$ ), self help groups ( $n=2$ ) and programs on gambling addictions ( $n=1$ ) were also mentioned by a few women.

### ***Overview and Recommendations: Reflecting on Programs for Women***

In the 1989 survey, a need for ‘skills towards future work, courses towards helping others, full-time school, hairdressing, computers, business accounting, upgrading, group discussion [and] serious drug and alcohol programs’ was expressed (Shaw, 1991, p. 39). Of further importance were programs specific to Aboriginal women (Shaw, 1991). Subsequently, options surrounding programming were recognized by the Task Force to be of utmost importance, thereby providing women with opportunities to make meaningful and responsible choices (Task Force on Federally Sentenced Women, 1990).

In the present survey, the women were questioned on the types of programs they had taken and those they wished to take in the future and had the opportunity to comment on their experiences with the programs. Noteworthy is that the only program completed by more than half of the women in the sample was the Women Offender Substance Abuse Program, likely in part due to the high prevalence of women with a need for substance abuse programming, in addition to the high recommendation that all women offenders participate in WOSAP’s first module. Reasons for the low completion rates of other programs may be due in part to programs that were not offered regularly or may reflect women who were released, transferred from maximum security to the general population or women who were transferred to another facility. Nonetheless, despite high completion rates in WOSAP, sources of concern for the women were that the program ran infrequently, that they had to wait months for the next module and that it could sometimes take almost a year to progress through the modules.

WOSAP was not the only program that ran infrequently; in fact, the women reported that this is a common problem when attempting to take many programs. Some of the women's comments reflected their surprise to read about specific programs, as these programs had never been offered at their facility. Noted in the women's comments was excitement upon reading about a specific course offering, followed by confusion or disappointment that they had not had the opportunity to participate. For example, a program for survivors of physical and sexual abuse was recognized to be critical to women's correctional programming after the 1989 survey (Task Force on Federally Sentenced Women, 1990). Subsequently, Survivors of Abuse and Trauma was implemented at all women's correctional facilities and largely praised by most women in the current survey who had the opportunity to complete the program.

Furthermore, some of the women reported having programs on their Correctional Plan that ran infrequently or were often disrupted due to staffing problems; this negatively impacted the women's correctional progress, affected their chances at parole and for some, ultimately lengthened their sentences. Women who were serving long or life sentences were concerned that they were never seen as a priority with regard to programming, while others lost their spots in programs to women on accelerated parole release.

As part of CSC's commitment to the Aboriginal people of Canada, the Creating Choices report emphasized a need for programming that is meaningful to Aboriginal women (Task Force on Federally Sentenced Women, 1990). Aboriginal specific programming incorporates Aboriginal culture, spirituality and teachings while recognizing the racism and oppression Aboriginal people have historically faced in Canada (Fortin, 2004). Circles of Change and Spirit of a Warrior are both examples of Aboriginal specific programming that are now offered at women's correctional facilities (Fortin, 2004). The small proportion of women who had attended Aboriginal specific programming were favourably impressed, with some heralding these programs as the beginning of their recovery. However, the low completion rate of Circles of Change and Spirit of a Warrior points to the need for improved accessibility and regularity of programming, in order to ensure the needs of Aboriginal women are being met. Nonetheless, the availability of programming specific to Aboriginals is a notable improvement from the original survey, strengthened by the presence of Elders working within the institutions. Aboriginal women had expressed discouragement and frustration in the original survey due to the lack of Aboriginal staff and programming. These programs fill a much needed gap in the provision of services to Aboriginal women, although there remain areas where further development would be beneficial (i.e., accessibility and regularity of programming). If possible, a review of the present staffing compliment in

the institutions and community could be completed in order to assess the efficiency of program delivery. From this review, if need be, there could be value in reassessing, or modifying, the timing of program delivery to ensure that current staffing realities coincide with program demands.

This chapter outlined women's perspectives relating to programming. This information will contribute to on-going program development and management efforts. CSC's programming initiatives for women offenders are constantly evolving. At present, the development, and eventual pilot testing of the Women Offenders' Correctional Program Model will be better informed by the perspectives outlined in this chapter.

## CHAPTER VII: Community Connection and Release

Given that the guiding principle and goals outlined in “Creating Choices” is to empower federal women offenders and provide them with opportunities to make meaningful and responsible choices, thereby promoting successful community reintegration (Task Force on Federally Sentenced Women, 1990), community and release were other areas of importance in the current study.

In the following chapter, results and discussion will be presented on the women’s contact with community partners during their incarceration, as well as their thoughts and hopes for their eventual release.

### Contact with Community Partners and Outside Volunteers

Most women (78.8%;  $n=134/170$ ) indicated that outside contact with community groups or individuals was useful, although for some women (16.5%,  $n=28$ ), it depended on the specific group. Many of the women commented on the beneficial and enjoyable nature of contact with outsiders ( $n=51/120$ ), and three relayed how this contact reduced their feelings of institutionalization.<sup>37</sup> According to these women, sharing stories with people from outside of the institution, allowed them to ‘experience’ life outside of their facility ( $n=2$ ), created a sense of connection to the community ( $n=7$ ), and overall, brought a sense of hope and optimism ( $n=6$ ). Visits from various organizations offered something for the women to look forward to and helped them ‘get through [their] time,’ learn more, and improve their chances of not returning, according to one woman. Another described how contact with organizations and volunteers helped the women realize their potential in life and their ability to live as responsible, law abiding citizens. The network of support that was created and the connections forged with various community resources were other ways in which the women reported they benefited from contact with community groups ( $n=17$ ). These women appreciated the resources to which they had been exposed and looked forward to using those resources once released. One woman described how after her previous release, community volunteers and agencies were all she knew and were her only resources on the outside.

When asked with whom from the community the women would like to have more contact, most wanted more contact with individual volunteers (58.8%;  $n=94/160$ ) and social or community groups (60%;  $n=96$ ). Many women, although to a slightly lesser extent, indicated they wanted more contact with Aboriginal leaders or spiritual leaders (43.1%;  $n=69$ ), and community advocacy groups (43.1%;

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<sup>37</sup> Institutionalization refers to the process where inmates come to accept and internalize the rules, regulations and norms of the prison; however, ex-inmates can face difficulty once they are released as they must now function within the context of a different set of rules and norms.

$n=69$ ). Contact with animal organizations and charities, to which the women could offer their help, were suggested by some of the women ( $n=24$ ).

### Release

When questioned about their planned living arrangements upon release, almost three quarters of the women reported wanting to go and live with family (see Table 39). Approximately one quarter of the women indicated that living where there were community supports/Elders and work was very important to them. Moving away from old friends and negative influences was a priority for many who wanted to start fresh in a new city. Others planned on living in halfway houses to further address addiction and/or mental health issues ( $n=5/10$ ). Most women planned on initially living alone, although many planned on living with their child(ren) or with their partner and child(ren). One woman wanted to first establish a safe and stable living environment before bringing her children to live with her.

Table 39. Anticipated Living Arrangement Post-Release

Living Arrangement	<i>n</i>	(%)
Destination preference/priority upon release		
Family/children	122	(71.3)
Work	40	(23.4)
Community supports/Elders	43	(25.1)
Away from former friends/associates	23	(13.5)
Other	29	(17.0)
Living Arrangement		
Alone	49	(28.7)
With children	41	(24.0)
With partner	36	(21.1)
With partner and children	31	(18.1)
With parents/relatives/extended family	30	(17.5)
With friends	9	(5.3)
Other	10	(5.8)

Note.  $n = 171$ .

Almost all of the women (86.5%;  $n=147/170$ ) planned on using various services offered to parolees and in the community. Career related services (e.g., to provide assistance looking for jobs, offer job training or interview preparation) and housing services (e.g., to provide assistance searching for accommodations or halfway houses) were services many of the women hoped to use (see Table 40). Approximately half of the women who planned on using services post-release indicated that they would need support for their drug/alcohol issues, while another one quarter would need support for their mental health issues. Budgeting and parenting services were additional services the women planned on using. When questioned on any other services the women planned on using, a couple mentioned spiritual or ceremonial services ( $n=2/23$ ).

Table 40. Anticipated Use of Support Services Post-Release

Support Service	<i>n</i>	(%)
Help finding place to live	84	(57.1)
Half-way house	61	(41.5)
Help finding job	96	(65.3)
Training for job	78	(53.1)
Help staying off drugs/alcohol	79	(53.7)
Mental health support	39	(26.5)
Parenting help	31	(21.1)
Financial/budgeting help	40	(27.2)
Other	23	(15.6)

Note.  $n = 147$ .

Although 47.2% ( $n=75/159$ ) of the women indicated they had not been released previously, of the 84 women who had previously been on release, 58.3% ( $n=49$ ) said they did not receive the kind of help and services they had needed, and another 2.4% ( $n=2$ ) indicated they received some help but not all they needed. As to why they did not receive the help they needed, a few women mentioned not wanting it or not asking for it ( $n=9/37$ ). Pride, self-involvement and a general feeling that they were not ready to ask for help were the primary reasons given by many of these women.

The failure to be provided with, or directed to, adequate mental health and/or addiction services, or the long waiting lists for various services were also identified as barriers to success ( $n=8/37$ ). Two women specified that they found residents and staff in halfway houses to be rude and judgmental or

unsupportive; another woman was denied a bed at a halfway house, and this resulted in less than favourable circumstances. One woman expressed frustration that they had to first ‘prove’ themselves in the community or wait 30 days in the community before applying to a halfway house. This woman was concerned that they were being ‘set up to fail’ ultimately. Three others expressed the opinion that their parole officers were too uninvolved and unsupportive and failed to discuss possible services and programs in the community.<sup>38</sup>

When asked whether they felt that the staff at their facility was familiar with available services in the community, 41.4% ( $n=67/162$ ) viewed staff as ‘somewhat’ familiar while 38.3% ( $n=62$ ) viewed staff as ‘unfamiliar’. Only 20.4% ( $n=33$ ) felt that staff members were ‘familiar’ with services in the community.

### ***Overview and Recommendations: Release into the Community***

Women who come into conflict with the law have often lived lives marked by economic disadvantages; they are often involved with the criminal justice system for drug-related offences, present with histories of victimization and are single mothers to young children (Bloom et al., 2003; Covington, 2004; Reisig, Holtfreter, & Morash, 2006). Not surprisingly, women on conditional release in the community have been found to demonstrate higher needs than their male counterparts in the domains of academic and vocational skills, marital and family relations and emotional stability (Blanchette & Dowden, 1998). Therefore, a ‘continuum of care’ (Covington, 2004, p. 85), one that offers support and resources throughout the duration of the woman’s incarceration and into her release in the community must exist (Blanchette & Dowden, 1998). The importance of establishing connections to community resources for women released from correctional institutions is critical to the successful reintegration of women into society, as research has demonstrated a link between a woman’s level of needs and her likelihood of successful community reintegration (Dowden & Andrews, 1999).

Once released, women face a multitude of barriers while attempting to transition back into society. In terms of employment, women must seek out jobs suitable to their level of education and employment skills while facing the stigma associated with the ‘ex-offender’ status. Moreover, for women with young children, if work is obtained, they must now also navigate the child-care system (Women’s Prison Association, 2003). Before many women can be reunited with their children, they must often deal with legal issues surrounding custody of their children and establish themselves as competent mothers who can offer a safe, secure and stable environment for their children (Women’s

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<sup>38</sup> While the proportion of women who raised the concerns mentioned in this paragraph is low, these perspectives are likely underrepresented by survey participants thus still warrant being mentioned within this report.

Prison Association, 2003). Thus, another priority for newly released women in the community is safe, drug-free housing for the women and often their children, where they can begin to rebuild their lives and maintain their sobriety (Covington, 2004). However, housing requires a certain amount of financial stability; furthermore, women must contend with housing discrimination based on their ‘ex-offender’ status (Covington, 2004; Women’s Prison Association, 2003). Access to follow-up in the community, with regard to substance abuse programming and physical and mental health services, is also a potential barrier to the women’s safe reintegration (Women’s Prison Association, 2003).

In the current survey, almost all of the women indicated that they planned on using various services in the community. Most women planned on using career related services to look or prepare for a job, housing services to find proper accommodations and services that offered support for mental health and addiction issues. Other services that some of the women hoped to use revolved around their need for parenting and financial support. The 1989 survey only reported on the anticipated needs of Aboriginal women post release, who stressed the importance of utilizing Aboriginal community supports (e.g., Aboriginal social service agencies, half-way houses, help finding employment). If women are not able to access the community resources they need and achieve the social support that is so critical post release, they run the risk of falling back in to a life of crime out of necessity (Covington, 2004; Reisig, et al., 2006).

Recognizing the difficulties faced by many women on release in the community, CSC has created several programs intended to prepare the women for release. WOSAP contains a module entitled Relapse Prevention and Maintenance (RPM) which targets various aspects of the women’s lives that may increase their risk of re-offending. Healthy use of leisure time, problem solving, conflict resolution, parenting, relapse prevention and self-management skills are all skills imparted in the program. A notable strength of the program is that women can begin RPM while incarcerated and continue the program in the community (Fortin, 2004). As discussed previously, (see Discussion – Education and Employment), women are also required to attend community transition sessions in order to prepare for release. The goal of these sessions is to ensure that the women have access to educational and vocational programming in the community as well as employment services, by facilitating contact with CSC’s Community Employment Centres (CSC, 2006b). In line with good correctional practices, CSC is continually working on strengthening community corrections by improving the community infrastructure and partnerships available to support offenders on release. Additionally, CSC undertakes initiatives to improve and reinforce the link between programs and interventions available in the

institutions and those available in the community, particularly as they relate to the needs of Aboriginal and women offenders (CSC, 2008d).

In sum, this chapter has underlined the critical nature of forming, retaining, and utilizing strong partnerships with community stakeholders. CSC has launched many initiatives demonstrating its commitment to a continuity of care and the perspectives of women outlined in this chapter, will contribute immensely to on-going efforts in this regard.

## Discussion

The primary goal of this research was to provide an updated and detailed profile of the women currently serving federal sentences in Canada along with a detailed analysis of their needs, from their perspectives. Additionally, it was of interest to determine the ways in which the population and experiences of women offenders have changed, or remained the same, since the original survey (Shaw, 1991). Based on the experiences offered by the women, a supplementary goal of the survey was an examination of the extent to which the five principles born out of Creating Choices have been successfully integrated into women's correctional practices. This project provided the women with the opportunity to voice their experiences (both throughout their lives and within the correctional system), their needs with regard to programming and services, and their hopes for the future.

Several key differences were noted between the sample of the current study and that of the original (Shaw, 1991). For example, there was an increase in the proportion of Aboriginal women, as well as an increase in the number of women serving sentences for drug-related offences and those serving shorter sentences (i.e., sentences of less than five years). In considering victimization, as compared to the original survey, the current results indicate that higher rates of women have suffered physical (86% vs. 68%) and/or sexual abuse (68% vs. 54%) at some point in their lives. When considering the familial context for these women, it is noteworthy that, as compared to the 1989 Survey, more women have children (65% reported having children in the original survey, as compared to 77% in the current). Results pertaining to health and well-being of the women have demonstrated that there appears to be higher levels of engagement in physical activity. Related to this is the fact that, as compared to the original survey, fewer women reported experiencing deterioration in their physical condition since admission to the institution (51% in the original survey versus 26% in the current survey). Employment is seen as a critical aspect in the rehabilitation process of offenders and results of this survey provide evidence to suggest that more women are working within the institutional environment and have improved opportunities in the area of job certification.

Since the 1989 survey, several improvements are evident with regard to the institutions, services and programs available for women offenders. The women's feedback provide evidence to suggest that the current community-living style regional facilities are working and are a noted improvement, providing the women better access to services and support both inside and outside of the institutions. Furthermore, women reported largely positive interactions with staff. Another area that has seen extensive growth since Shaw's survey is the programming available to women offenders, specifically

with regard to Aboriginal women. This is evident not only by the increased number of programs currently available to women, but also through the increased use of Native Elders (only 11% of women reported using Elder services in the original survey, as compared to 40% in the current). These areas, among the many others noted within the report, illustrate the advancement that has occurred within women's corrections over the past twenty years.

Despite how far women's correctional practices have come over this time, the current study highlighted areas that could still benefit from future development. Although significant changes have occurred to increase the services available to women, current results revealed additional demand from the women with regard to medical services and programming. Women desired timelier access to, and greater diversity of, the available physical and mental health care options, as well as shorter waiting lists and more frequently run programs. Additionally, women supported enhanced staff training initiatives, reporting that staff could benefit from greater knowledge surrounding issues relevant to women offenders (e.g., substance use, abuse and trauma, mental health), as well as issues specific to the cultural and spiritual practices of Aboriginal women.

Overall, the current study was key in providing an updated profile of women offenders by highlighting their experiences prior to, and while incarcerated. Additionally, this study has provided insight into the women's needs within the institutions, as well as upon release. Through this research it is evident that significant gains have been made concerning CSC's approach to women offenders; however, has also demonstrated that certain areas continue to exist where there may yet be room for improvement.

### **Limitations**

As is the case with all research undertaken, there were several limitations to the survey that should be noted and perhaps addressed in the future. Firstly, the women who responded to the survey represented only 34% of the federal women offender population in Canada at the time. It stands to reason that certain characteristics, needs and experiences of those who did not respond were lost. Moreover, the women who did not respond may be those who need to be heard from the most; they may have unique and/or different needs and experiences pertaining to their successful reintegration into society.

Secondly, the length of the survey (approximately 130 questions / 25 pages) may have impacted the likelihood of women to get involved as there was a significant investment in time required. Thirdly, with regard to the collection of data, it should be noted that qualitative data presents several limitations.

First and foremost, as the data was collected anonymously, there is no way to triangulate any self-reported claims/assertions by the women. For example, while a woman may feel she was medically misdiagnosed, there is no way to validate her claim, given her anonymity and privacy concerns. Given the self-reported nature of these data, it should be kept in mind that results presented are not necessarily fact, but represent the perceptions and experiences of the women. However, this is not meant in any way to question the validity of the women's experiences and opinions but rather, is raised as a cautionary note.

### **Future Directions**

Future research could be undertaken to address the abovementioned limitations of the current study, as well as to continue to build on the knowledge base surrounding women offenders' needs and experiences. One suggestion would be for future research considerations to consider replicating the survey on specific sub-populations of women offenders such as older women offenders, French-speaking women offenders, Aboriginal women offenders, or offenders in the community, as their specific and unique needs may be lost in the aggregated data. Additionally, to address the noted limitation regarding the length of the survey, future research may consider administering various sections of the survey independently over a specified period of time in order to decrease the length of time required for participation, thereby possibly improving the overall response rate.

A final suggestion is that future research consider the views and experiences of other individuals linked to the field of women's corrections, such as primary workers, parole officers, physical and mental health staff and other correctional staff. Given that this survey was an update to the 1989 survey, of which the primary goal was to listen to the experiences and needs of the women themselves, its focus was not on the experiences and expertise of the front-line correctional staff. It would be of benefit for future research to consider the experiences and opinions of those individuals who have the difficult task of balancing the rules of the correctional system with the well-being of the women.

### **Paving the Road to Women's Corrections in Canada: The Impacts of *Creating Choices***

The field of women's corrections has significantly advanced in the last twenty years, particularly since the explosion of gender-specific research in the 1990s (Blanchette & Brown, 2006; Hannah-Moffat, 2006). Since the original survey was undertaken in 1989, there have been considerable changes in women's corrections that have altered the options available to federal women offenders in Canada. Born out of the findings of the Task Force and advanced in the *Creating Choices* report were principles deemed to be essential for women's corrections; namely, *empowerment, meaningful and responsible choices, respect and dignity, supportive environment, and shared responsibility* (Task Force on

Federally Sentenced Women, 1990). Revised programming options that were based on the premise of *empowerment* and grounded in gender-specific research were to be implemented at the newly opened women's regional facilities (Fortin, 2004). The structure of the regional facilities was meant to provide the women with opportunities to make *meaningful and responsible choices* surrounding their diet, health care, programs and recreation. The opening of these regional institutions would mean that women no longer had to *choose* between the opportunities for treatment and programming at the Prison for Women and the opportunities for contact with their family and children at the provincial facilities (Task Force on Federally Sentenced Women, 1990).

The environment of the regional facilities would serve to promote *respect and dignity* between the women and staff alike, while acknowledging and respecting the importance of spiritual and cultural identity (Task Force on Federally Sentenced Women, 1990). Moreover, the concept of a *supportive environment* would reflect the recognition that the overall quality of the environment can impact the physical, psychological and spiritual health of the women. Accordingly, the correctional environment would be positive and mutually supportive in order to promote self-esteem, empowerment, dignity and respect (Task Force on Federally Sentenced Women, 1990).

The final concept of *shared responsibility* would be reflected in the holistic approach to women's corrections that was advanced in the Creating Choices report (Task Force on Federally Sentenced Women, 1990). This holistic approach recognized that many sectors of society (e.g., ones that offer legal services, employment and housing resources, childcare options and physical and mental health support) must work together to build a strong support system for the women. Through the interconnected nature of the support system, the women would be encouraged and provided with the opportunity to make meaningful and responsible choices for their future and that of their children (Task Force on Federally Sentenced Women, 1990).

This was the vision of the Task Force, advocated in the Creating Choices report and since implemented at the women's facilities. This report presents the current realities, as well as a tentative examination of what has been achieved in women's corrections in Canada since the Task Force's recommendations. The current survey reported on many areas of improvement since the original survey; however, areas in need of further development were still noted. According to the women's comments, while many of the women enjoyed benefits that were akin to *empowerment* from the new women-specific programs, the irregularity with which the programs were run was a source of frustration and concern for some.

The opening of the regional facilities meant that more women were now able to enjoy visits from their families and children; however, many of the issues around contact with family and children that were expressed in the 1989 survey (Shaw, 1991) have persisted to the present day and serve as reminders that there are still areas for growth. The women's comments reflected concern that they lacked *choices* around contact with their family, as a result of the long distances some of their families must travel in order to visit, the limited visiting hours and difficulties making phone calls.

Additional *choices* surrounding the women's medical and dietary options also stood out as areas for further development. Although the women now cook their food themselves, many indicated that they wanted more options around the foods available to them; specifically, the women wanted affordable dietary options that were healthy and nutritious, rather than starchy and high in carbohydrates. With regard to health care options, many of the women's comments reflected their desire to make *meaningful and responsible choices* surrounding their health care. For example, greater availability of certain health care services (e.g., dentistry, gynaecology, STI testing) would further strengthen the principle of *meaningful and responsible choices* for the women in the realm of health care.

Perhaps some of the greatest improvements since the 1989 survey were noted in the spiritual and cultural experiences of incarcerated Aboriginal women. With the implementation of women-specific programming grounded in Aboriginal culture and teachings, and the creation of the Healing Lodge, the Correctional Service of Canada has taken great strides forward in the cultural and spiritual options available to Aboriginal women (Fortin, 2004). Most Aboriginal women indicated that their experiences with Aboriginal spiritual and cultural programming were positive and spiritually and culturally appropriate, factors that are critical to the promotion of *respect and dignity*. Moreover, many of the women in general viewed their relations with staff as positive and respectful, provided there was mutual respect, satisfying in part the principle of *supportive environment*. However, an essential component to a supportive environment is consistency in the realm of discipline which was an area that stood out in the present survey as needing further improvement. More consistent enforcement of discipline would potentially reduce the feelings of stress and frustration that were voiced by many of the women.

The holistic approach to women's corrections is encompassed in the principle of *shared responsibility*. The value of *shared responsibility* between correctional and community agencies lies in the ability of volunteer agencies to offer companionship and hope for the future while acting as vital links to community resources (Task Force on Federally Sentenced Women, 1990). Indeed, the women appreciated the contact they had with volunteer organizations and community agencies, reporting the various ways in which they benefited. The information and resources that were provided appeared to

give many of the women a sense of control over their lives and, more importantly, their future. Their comments indicated their intention to use the various services available in the community, as for many, these services and supports will be all that they know once they are released. Overall, this is indicative of the success to which the Correctional Service of Canada has been able to incorporate its final principle of a *supportive environment* into practice, and a testament to the importance of a ‘continuum of care’ (Covington, 2004, p. 85), after release and into the community.

## **Conclusion**

In conclusion, this report has highlighted numerous areas of progress attained in women's corrections since the initial report by the Task Force on Federally Sentenced Women (1990) and the subsequent recommended principles for change. The opening of regional facilities (described by some women as more 'rehabilitative than punitive') has provided the women with the opportunity to serve their sentences closer to their homes while still benefiting from a variety of programming options, without having to choose between the two. With regard to programs, there were several that stood out in terms of the amount of praise awarded by the women; specifically, many of the women wrote how much they enjoyed and benefited from women-specific programs such as WOSAP, DBT and Survivors of Abuse and Trauma. Furthermore, the Correctional Service of Canada has also made great strides forward in terms of options for Aboriginal women, with regard to programming, access to Elders, spiritual practices and housing options, as indicated by many of the Aboriginal women's experiences. It is critical for public service agencies to continually strive to develop their policy and practice, to reflect the dynamic nature of society and incorporate ongoing research and theories. While women's correctional practices in Canada have improved greatly since the initial survey, some areas remain where further development would be beneficial. Thus, continued ongoing research and policy development is essential in order to provide women with the treatment, programming and resources that they require in order to recognize their potential to be productive, law-abiding members of society, tenets of both the Mission of the Correctional Service of Canada and the Task Force.

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## Appendices

### Appendix A: Survey Cover Letter and Consent Form

#### Survey of Women Serving Federal Sentences

##### Research and Policy Correctional Service of Canada

Correctional Service's Research Branch, together with the Women Offender Sector, is completing a study to learn about women inmates' experiences. The purpose of the survey is to hear from the women themselves regarding their experiences and perspectives in areas such as programs and services, physical and mental health, accommodations, and release. This will be an update to a similar survey conducted in 1989. We hope that the results of this survey will help us to see areas where there has been an improvement and areas where there is still room for improvement.

This is your opportunity to speak openly and honestly. Your views are important to us and any feedback given is greatly appreciated. Additionally, your concerns will highlight the areas that are lacking or need improvement within the correctional system. The results of this anonymous survey will be made available to those making policy decisions. **This is an opportunity for your voice to be heard.**

You are eligible to complete this survey because you are a woman currently serving a sentence in a federal correctional facility. The responses of all participants will be combined in a written report so that no individual responses can be identified. You are under no obligation to participate in the survey. You will not be rewarded for participating or penalized for choosing not to participate. The information you provide will be completely confidential and will not be used for any purposes other than those stated above. Some of the questions include sensitive material and may be upsetting, including questions about sexual and physical abuse history and custodial issues with children. Please seek assistance from an institutional psychologist, Elder or peer support if you should become upset as a result of this survey.

Thank you for sharing your experiences and concerns with us. In order to participate, we ask that you please complete the survey within 2 weeks. Your survey will come directly to the National Headquarters Research Branch and will not be shared with anyone at your facility or any other facilities. **Once you have completed the survey, please return it using the large stamped addressed envelope provided.**

Survey of Women Serving Federal Sentences Consent Form

**This form is to ensure that you are aware of your rights concerning participation in this survey and to make sure that your decision to participate or not is well informed. This form will be kept separate from your survey to maintain confidentiality. Please read the following carefully and sign below to show that you understand your rights as a voluntary participant in this survey.**

I understand that this survey is examining the experiences, views and concerns of women serving sentences at federal correctional facilities. I understand that I will be asked questions relating to areas such as programs and services, physical and mental health, accommodations, and release. I also understand that some of the questions may be sensitive or upsetting. These questions focus on any history of physical or sexual abuse and custodial issues with children.

I am willing to take approximately 45 minutes to complete this survey. I am aware that I am under no obligation to answer all the questions and will not be penalized if I choose not to continue with the survey. I also understand that I will not be rewarded in any way for participating in this survey.

I understand that my name will not be shown anywhere on the survey and that this consent form will be kept separate from my survey to ensure confidentiality. The survey data will be kept strictly confidential and will not be used in any way other than for the research purposes explained above. I also understand that the responses of all participants will be combined in a written report so that my individual responses cannot be identified.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix B: Survey of Federally Sentenced Women

### WOMEN'S SURVEY 2007

- 1) Have you ever served a previous sentence provincially?
  - Yes
  - No
- 2) Have you ever served a previous sentence federally?
  - Yes
  - No
- 3) How much total time have you spent incarcerated (provincial and federal) in your lifetime?  
YRS\_\_\_MONTHS\_\_\_
- 4) How long is the sentence you are currently serving?
  - 2-5 years
  - 6-10 years
  - 10 + years
  - life sentence
- 5) How much time have you served on your current sentence? YRS\_\_\_MONTHS\_\_\_
- 6) What is your current security level?
  - Minimum
  - Medium
  - Maximum
- 7) What type of conviction are you currently serving your sentence for?
  - Drug related (e.g., trafficking, production)
  - Property related (e.g., theft, break and enter, fraud)
  - Violence/Assault related (e.g., assault, manslaughter, murder)
  - Other
- 8) What is your ethnicity?
  - Caucasian
  - Aboriginal (First Nation, Métis, Inuit)
  - Black
  - Other
- 9) How old are you?
  - under 25
  - 25-34
  - 35-44
  - 45-54
  - 55 or over

## SECTION 1: PHYSICAL AND MENTAL HEALTH

1) Do you have any particular concerns about your physical health?

- always
- sometimes
- rarely
- no

2) Do you think you have adequate physical health care provided by the facility?

- yes
- depends
- no
- don't use it

3) What would you like to have more regular access to: *(Check all that apply)*

- doctor
- gynaecologist
- dentist
- alternative medicine
- specialists
- nothing
- other *(please specify)* \_\_\_\_\_

4) Have you ever felt that you have been misdiagnosed or mislabelled by a medical professional in any way while incarcerated at your current facility?

- all the time *(a)*
- more than once *(b)*
- once *(c)*
- never *(d)*
- don't know/does not apply *(e)*

If you answered *(a)*, *(b)* or *(c)*, briefly describe that/those experience(s):

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5) What do you think about the psychiatric or psychological services that are available here?

- excellent
- good
- alright
- not great
- terrible
- don't know

6) Do you use any of the following services: *(Check all that apply)*

- psychologist
- psychiatrist
- Elder(s)
- don't use these services

If you do not use these services, is it because:

- it is not required
- you don't think they could help you
- they never asked to see you

- cannot get an appointment
- other (*please specify*) \_\_\_\_\_

7) Do you think other treatments options or health related services should be provided (i.e. regular pap smears, testing for AIDS/HIV, etc.)?

- yes
- no

If yes, what kind?

## SECTION 2: DRUG AND ALCOHOL USE

1) Do you have experience with drug use?

- currently addicted
- previously addicted; in recovery
- recreational use
- experimental use
- no experience

2) Do you have experience with alcohol use?

- currently addicted
- previously addicted, in recovery
- recreational use
- experimental use
- no experience

3) How much have drugs or alcohol influenced your conflict(s) with the law? (*Check all that apply*)

- incarcerated for drug related offences
- incarcerated for offences to support a drug/alcohol habit
- offences usually committed under the influence of drugs/alcohol
- not directly related to offending in any way
- not applicable – don't use drugs or alcohol

4) Has any authority figure (such as a judge, parole officer, probation officer, social worker, or police officer) ever suggested/made arrangements for you to have treatment for drug/alcohol use?

- yes
- no
- unsure

5) Has a friend/family member/partner/acquaintance ever suggested/made arrangements for you to have treatment for drug/alcohol use?

- yes
- no
- unsure

6) Have you ever taken part in a drug or alcohol program? (*Check all that apply*)

- yes, prior to incarceration
- yes, while incarcerated
- no

If yes, what kind of treatment program? (*Check all that apply*)

- AA/NA type

- individual therapy
- group program (Non-Aboriginal)
- Aboriginal group
- other (*please specify*) \_\_\_\_\_

### SECTION 3: EXERCISE AND RECREATION

1) How would you describe your current physical condition compared to when you first started this sentence?

- much better
- somewhat better
- somewhat worse
- much worse
- unchanged

If there is a change in your physical condition, why is this? (*Check all that apply*)

- boredom
- improved diet
- poor diet
- off drugs/alcohol
- increased exercise
- lack of exercise
- other (*please specify*) \_\_\_\_\_

2) How often do you take part in sports/exercise programs at this facility?

- regularly (every/most day(s) or week(s))
- occasionally (once a month; every so often)
- never

3) Do you think that there should be more opportunity for exercise/sports here?

- yes
- no

If yes, what kind(s)? (*Check all that apply*)

- group sports (e.g., softball)
- individual sports
- aerobic type classes
- yoga/pilates
- weight room/cardio machines
- better access to the gym
- other (*please specify*) \_\_\_\_\_

4) Are you encouraged and given adequate opportunity by the staff to take part in sports or exercise programs?

- always
- sometimes
- rarely
- never

Please provide examples, if applicable:

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5) What recreational activities do you take part in? (*Check all that apply*)

- hobby crafts
- sewing/beading
- Aboriginal crafts
- music
- board games
- gardening/horticulture
- floral design
- watching TV
- playing cards
- none
- other (*please specify*) \_\_\_\_\_

6) Would you like more recreational activities to be available?

- yes
- no

If yes, please specify: \_\_\_\_\_

#### SECTION 4: EDUCATION AND EMPLOYMENT

1) What was the highest academic level that you completed before you came here?

- some middle school (up to and including grade 8)
- completed middle school (completed grade 8)
- some high school (grades 9-12 or 13/OAC)
- completed high school (completed grade 12 or 13/OAC)
- some university/college
- completed university/college
- other (*please specify*) \_\_\_\_\_

2) Have you taken any courses since leaving school (i.e., in a facility, community college, CEGEP, university)?

- yes
- no

If yes, what kind of course(s)? (*Check all that apply*)

- basic education (i.e. Adult Basic Education)
- on the job training/trade
- technical training
- higher education (college, university)
- educational programs for or about Aboriginal peoples, culture, etc.
- other (*please specify*) \_\_\_\_\_

3) Do you have any certificates/diplomas (i.e. mechanics, college, hairdresser)?

- yes
- no

If yes, which ones? \_\_\_\_\_

4) Do you think/know that you have a learning disability?

- yes
- no

If yes, have you been tested and diagnosed by a professional?

- yes
- no

5) How have you supported yourself on the outside? *(Check all that apply)*

- job
- parents
- partner/significant other
- welfare/social assistance
- employment insurance
- prostitution
- dealing drugs
- stealing
- other *(please specify)* \_\_\_\_\_

6) Do you have a history of normally working/being legally employed?

- yes
- no

7) Before you were incarcerated, have you often been unemployed?

- yes
- no

If yes, why was this?

- student
- no jobs available
- other *(please specify)* \_\_\_\_\_

8) When you have had a job, what kind of work have you done? *(Check all that apply)*

- secretarial/teller/office job
- shop sales/waitress etc.
- domestic (cleaning, etc.)
- manual industrial
- working on the land (i.e. hunting, trapping)
- managerial/ executive
- professional
- housewife/mother/child-care provider
- never worked
- other *(please specify)* \_\_\_\_\_

9) What type of work would you like to do upon release? *(Check all that apply)*

- secretarial/teller/office job
- shop sales/waitress etc.
- domestic (cleaning, etc.)
- manual industrial
- working on the land (i.e. hunting, trapping)
- managerial/executive
- professional
- housewife/mother/child-care provider
- none
- other *(please specify)* \_\_\_\_\_

10) Have you worked while incarcerated?

- yes
- no

What type of work was it? *(Check all that apply)*

- CORCAN Graphics
- Maintenance Department (i.e. cleaning)
- Institutional Services (i.e. food services, stores)
- other *(please specify)* \_\_\_\_\_

Was it paid?

- yes
- no

11) Have you been going/gone to school while incarcerated?

- yes
- no

Has it been useful to you?

- yes
- no
- unsure

Please explain:

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12) What kind of course(s) would be useful to you? *(Check all that apply)*

- basic education (i.e. Adult Basic Education)
- on the job training/trade
- technical training
- higher education (college, university)
- educational programs for or about Aboriginal peoples, culture, etc
- other *(please specify)* \_\_\_\_\_

## SECTION 5: CHILDREN

1) Do you have any children?

- yes
- no

If yes, how many? \_\_\_\_\_

If yes, how old are they? 1<sup>st</sup> \_\_\_\_ / 2<sup>nd</sup> \_\_\_\_ / 3<sup>rd</sup> \_\_\_\_ / 4<sup>th</sup> \_\_\_\_ / 5<sup>th</sup> \_\_\_\_

**NOTE: IF YOU DO NOT HAVE/ARE NOT RESPONSIBLE FOR CHILDREN, PLEASE MOVE ON TO SECTION 6.**

2) Are these children your:

*(Check all that apply)*

- biological children
- step children
- foster children
- adopted children
- other *(please specify)* \_\_\_\_\_

3) Who had primary responsibility for raising your child(ren) before your incarceration?

*(Check all that apply)*

- me
- my parent(s)
- spouse/common-law/partner
- my spouse/common-law/partner's parent(s)
- my sibling(s) (i.e. child's aunt/uncle)
- my children (i.e. your child's older sibling)
- my child's stepparent
- a friend/friends
- Children's Aid/ Child and Family Services/ foster care
- unsure
- other *(please specify)* \_\_\_\_\_

Was/is this person/people the legal custodian of the child(ren)?

- yes
- no

How did this living arrangement come about?

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4) Are you currently a single parent?

- yes
- no

If yes, how did this come about?

- divorce/break-up
- partner passed away
- always was a single parent
- other *(please specify)* \_\_\_\_\_

5) As a parent, have you ever had any contact or experience(s) with Children's Aid/Child and Family Services?

- yes
- no

If yes, please describe:

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6) To what extent did your role as a parent contribute to your conflict with the law?

*(Check all that apply)*

- entirely/completely
- somewhat
- nothing to do with it

Please explain:

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7) What kind of financial help from others have you had in raising your children?

*(Check all that apply)*

- none
- spouse/common-law/partner
- family member (i.e. parent, sibling)

- friend
- welfare/social assistance
- employment insurance
- other *(please specify)* \_\_\_\_\_

If you had no financial help from others, how did you get money?

*(Check all that apply)*

- worked full-time
- worked part-time
- illegal activities
- other *(please specify)* \_\_\_\_\_

8) How much contact have you had with your children since you have come to prison?

- weekly
- monthly
- yearly
- they live with me in the residential program
- none

9) How do you keep in contact with your family? *(Check all that apply)*

- normal visits
- letters
- telephone
- video recordings
- internet
- Private Family Visits (PFV)
- family day at the facility
- temporary absence (ETA/UTA)
- don't keep in contact
- other *(please specify)* \_\_\_\_\_

10) If more contact could be arranged, what kind of contact would you like?

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11) Have you had problems keeping in contact with your children?

- yes
- no

If yes, what kind of problems? *(Check all that apply)*

- transportation
- accommodation
- costs of travel
- cost of communication (e.g., telephone or internet)
- emotional (e.g., children get upset)
- other *(please specify)* \_\_\_\_\_

Do you have any suggestions about how these problems could be avoided?

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12) Have you felt that you have needed any legal services or advice for any matters relating to your children since your sentence began?

- yes
- no

If yes, have you received what you needed?

- yes
- no

If no, please describe:

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13) Do you expect to be living with your children when released?

- yes
- no
- not applicable

If no, please explain:

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14) How important is it for you to have custody of your child(ren) upon release?

- very important
- somewhat important
- not very important
- not at all important
- not applicable

15) What type/kind of financial support do you expect you will have to support your children upon release? *(Check all that apply)*

- full-time work
- part-time work
- spouse/common-law/partner
- family member (i.e. parent, sibling)
- friend(s)
- welfare/social assistance
- employment insurance
- illegal activities
- unsure
- not applicable
- other *(please specify)* \_\_\_\_\_

16) Besides money, do you have any other worries about your children after your release? *(Check all that apply)*

- accommodation
- access to the children/custody
- getting to know them again
- resentment/ anger
- poor parenting skills
- not applicable
- other *(Please describe)*: \_\_\_\_\_

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- 17) Have you taken/would you be interested in programs here which might help you with your children when you get out (i.e. programs on parenting, child-care, school-age problems, being a parent in prison, etc)?
- yes
  - no
  - not applicable

- 18) If you were able to live in a half-way house upon release, would you like your children to live with you?
- yes
  - no
  - not applicable

If no, why not?

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- 19) Have you ever participated in the Institutional Mother-Child Program?
- yes
  - no

**NOTE: IF NO, PLEASE MOVE ON TO SECTION 6.**

- 20) If yes, did your child(ren) live with you in the residency program full time or part time?  
(Check all that apply)
- full-time residency
  - part-time residency

- 21) How old was your child(ren) during their stay at the facility?
- age when arrived: \_\_\_\_\_
  - age when left (if applicable): \_\_\_\_\_
  - current age: \_\_\_\_\_

- 22) Do you believe this was a positive experience and in the best interest/beneficial for your child?
- yes
  - no

Please explain:

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- 23) Do you think there are problems with the Mother-Child Program?
- yes
  - no

If yes, please explain:

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## SECTION 6: FAMILY AND COMMUNITY

- 1) Where were you raised (city, province, country)? \_\_\_\_\_

- 2) What type of community did you grow up in?
- First Nation community/ reserve
  - city
  - town
  - rural area
  - other (*please specify*) \_\_\_\_\_
- 3) What type of community did you live in prior to your incarceration?
- First Nation community/ reserve
  - city
  - town
  - rural area
  - other (*please specify*) \_\_\_\_\_
- 4) Have you moved in the 12 months prior to this sentence?
- yes
  - no
- 5) Before this sentence, who were you living with? (*Check all that apply*)
- alone
  - with children
  - with spouse/common-law/partner
  - with parents/relatives/extended family
  - with friends
  - in a shelter/homeless
  - other (*please specify*) \_\_\_\_\_
- 6) How long did you have this living arrangement? YEARS\_\_\_\_\_ MONTHS\_\_\_\_\_
- 7) How much contact have you had with your family, friends or community supports since your incarceration?
- weekly
  - monthly
  - yearly
  - none
- Specifically, who have you been in contact with?
- spouse/common-law/partner
  - with parents/relatives/extended family
  - friends
  - community advocacy group/representative/justice committee
  - Elder(s)
  - other (*please specify*) \_\_\_\_\_
- Has this contact been through: (*Check all that apply*)
- visits
  - Private Family Visits
  - letters
  - telephone
  - temporary absence (ETA/UTA)
  - other (*please specify*) \_\_\_\_\_
- 8) What problems have you experienced when keeping in touch with family, friends or community supports? (*Check all that apply*)
- transportation
  - costs (e.g., long distance calls)

- accommodations
- emotional
- no problems
- other (*please specify*) \_\_\_\_\_

If you think there are some problems, what solutions do you think would help avoid these problems?

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9) Who would you like more contact with if it could be arranged? (*Check all that apply*)

- relatives/family
- partner
- children
- friends
- Elder(s)
- volunteers from outside/community advocacy group/justice committee
- other (*please specify*) \_\_\_\_\_

10) Overall, how much support do you feel you get from your family/friends/community supports?

- a lot
- a moderate amount
- little
- none

## SECTION 7: PHYSICAL AND SEXUAL ABUSE

1) Have you ever been hit, slapped, kicked, choked or otherwise physically abused in some way?

- yes
- no

If yes, about how often has this happened?

- once
- a couple times
- occasionally
- regularly
- all the time
- not applicable

If yes, how old were you? (*Check all that apply*)

- a child (12 and under)
- a teenager (13 to 17)
- an adult (18 and over)
- not applicable

Who was directly involved in the physical abuse? (*Check all that apply*)

- mother
- father
- step parent
- sibling/ step sibling
- extended family (i.e. uncle, cousin, grandparent)
- spouse/ intimate partner
- family friend
- religious figure/teacher
- community member/neighbour

- stranger
- other \_\_\_\_\_
- not applicable

2) Have you ever been attacked or abused sexually?

- yes
- no

If yes, about how often has this happened?

- once
- a couple times
- occasionally
- regularly
- all the time

If yes, how old were you? *(Check all that apply)*

- a child (12 and under)
- a teenager (13 to 17)
- an adult (18 and over)
- not applicable

Who was directly involved in the sexual abuse? *(Check all that apply)*

- mother
- father
- sibling/step sibling
- step parent
- extended family (i.e. uncle, cousin, grandparent)
- spouse/ intimate partner
- family friend
- religious figure/teacher
- community member/neighbour
- stranger
- other \_\_\_\_\_
- not applicable

3) Have you ever been a victim of a violent crime (e.g. assault, robbery, or other)?

- yes
- no

If yes, did you know the perpetrator?

- yes
- no
- unsure

4) Have you ever been involved in counselling or programs for survivors of physical or sexual abuse?

- yes, prior to incarceration
- yes, during incarceration
- yes, both
- no

If yes, what kind of counselling/therapy? *(Check all that apply)*

- individual
- group
- Ceremonial (Elder)

- other (*please specify*) \_\_\_\_\_
- none, why? \_\_\_\_\_

## SECTION 8: SELF-HARMING BEHAVIOUR

1) Have you ever thought about hurting yourself on purpose?

- yes
- no

2) Have you ever hurt yourself in some way on purpose?

- yes
- no

**NOTE: IF YOU ANSWERED 'NO' TO QUESTION 2, PLEASE MOVE ON TO SECTION 10.**

3) How did you actually hurt yourself? (*Check all that apply*)

- cutting yourself/slashing
- burning yourself (e.g., with a cigarette)
- hitting yourself (e.g., hitting your head against a wall, slapping yourself, etc.)
- attempted suicide
- other (*please specify*) \_\_\_\_\_

When did the self-harm happen?

- during incarceration
- prior to incarceration
- both

4) How often have you hurt yourself in total?

- 1-2 times
- 3-10 times
- 10+

5) Why did/do you feel the urge to hurt yourself? \_\_\_\_\_

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6) What would have/will help you in the future avoid hurting yourself? (*Check all that apply*)

- counselling/therapy
- friends/family
- staff
- Elder(s) (Ceremony)
- medication
- talking to others when needed
- other (*please specify*) \_\_\_\_\_

7) Would you like to be involved in some counselling or a program to help you with this kind of behaviour?

- yes
- no, I have already
- no, not interested

**NOTE: IF YOU HAVE NOT HURT YOURSELF WHILE INCARCERATED, PLEASE MOVE ON TO SECTION 10.**

8) When you hurt yourself while incarcerated, how was it handled by the staff?

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9) Do you feel that the staff's response was appropriate?

- yes
- no

If no, please explain:

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## SECTION 9: BEHAVIOUR AND DISCIPLINE INSIDE THE FACILITY

1) In general, how well do you get along with the correctional and other staff?

- very well
- well
- not very well
- not at all

2) In general, how well do other inmates/residents get along with the correctional and other staff?

- very well
- well
- not very well
- not at all

3) Generally, do you think that staff is sensitive to your feelings and views?

- always
- usually
- sometimes
- never

4) Generally, do you think staff is sensitive to your cultural background and way of life?

- always
- usually
- sometimes
- never

5) Are staff members able to understand and respond to your questions or concerns?

- always
- usually
- sometimes
- never

Please elaborate:

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6) What is your opinion of the rules and discipline at this facility?

- always appropriate
- usually appropriate
- not appropriate
- other (*please specify*) \_\_\_\_\_

Please elaborate:

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7) Are you familiar with the inmate grievance process?

- yes
- no

If yes, what is your opinion on it?

- above satisfactory (a)
- satisfactory (b)
- below satisfactory (c)
- unsatisfactory (d)
- unsure (e)

If you answered (c), (d) or (e), please explain and/or make suggestions:

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8) If discipline problems occur, what do you think are the main reasons for the inmates'/residents' behaviour? (Check all that apply)

- factors outside your facility
- frustration over lost privileges inside your facility
- relationships inside your facility
- drugs inside your facility
- money inside your facility
- gambling debts inside your facility
- violence inside your facility
- gangs inside your facility
- other (please specify) \_\_\_\_\_

9) Are there arguments/physical fights between inmates/residents?

- yes
- no

If so, what are they mainly about? (Check all that apply)

- personal property
- communication/misunderstandings
- relationships
- boredom
- frustration
- feeling victimized/provoked
- debt
- gangs
- other (please specify) \_\_\_\_\_

10) In general, what are the primary reasons for disagreements between inmates/residents and staff?

(Check all that apply)

- loss of privileges (e.g., visits, property)
- contraband (having things that are not authorized)
- feeling watched too closely/victimized/provoked
- feeling demeaned/humiliated
- other (please specify) \_\_\_\_\_

11) If you have ever been involved in any physical fights or arguments with **staff**, how often has this occurred?

- 1-2 times
- 3-10 times

- 10+
- never

12) If you have been involved in any physical fights or verbal arguments with **inmates/residents**, how often has this occurred?

- 1-2 times
- 3-10 times
- 10+
- never

13) Do you think there is a way that these confrontations could be avoided? *(Check all that apply)*

- having a quiet place to go and "get away"
- someone available to talk to
- more understanding from the staff
- other *(please specify)* \_\_\_\_\_

14) Since you have come here, have you spent any time in:

- segregation (disciplinary/administrative/voluntary)
- hospital
- Regional Treatment Centre, Regional Psychiatric Centre, Institut Philippe Pinel or equivalent

## SECTION 10: PROGRAMS

1) Please check off the following programs which you have taken or would like to take. *Check all that apply.* If you have taken any, you may indicate your thoughts about it or its usefulness.

Program	Have Taken	Would Like to Take	Thoughts/Usefulness
Women Offender Substance Abuse			
Sex Offender Therapy for Women			
Reasoning and Rehabilitation			
Anger and Emotions Management			
Dialectical Behavior Therapy			
Survivors of Abuse and Trauma			
Psychosocial Rehabilitation			
Keys to Family Literacy			
Employment and Employability			

Parenting Skills			
Mother-Child			
Choosing Health in Prison			
Community or Social Integration			
Peer Support			
Leisure Education/Skills			
Lifeline			
Canine Program			
Horticulture Program			
Circles of Change			
Family Life Improvement			
Spirit of a Warrior			
Other <i>(please specify)</i>			

2) Have you had problems trying to take a program?

- yes
- no
- no experience

If yes, please explain:

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3) Do you think that there are enough programs available to you?

- yes
- no

If no, what would you like to see more of?

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4) Have you had experience with Aboriginal spiritual and cultural programs in the facility?

- yes
- no

If yes, how would you describe this experience?

- excellent
- good
- satisfactory
- poor

5) Do you think contact with community groups or individuals is useful (i.e. volunteer groups)?

- yes
- no
- depends

Briefly explain your answer:

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6) What kind of contacts would you like from outside the facility? *(Check all that apply)*

- Aboriginal leaders or spiritual leaders
- social, community groups
- community advocacy groups
- individual volunteers
- none
- other *(please specify)* \_\_\_\_\_

## SECTION 11: ALTERNATIVES/ACCOMMODATIONS

1) Have you ever spent time in an isolated unit in a men's facility (i.e. Springhill, Saskatchewan Penitentiary)?

- yes
- no

If yes, what institution was it? \_\_\_\_\_

If yes, how would you describe this experience?

- positive
- indifferent
- negative

If yes, how much interaction was there with the male inmates?

- a lot
- some
- hardly any
- none

2) Have you ever spent time in the Prison for Women (P4W) prior to its closure?

- yes
- no

If yes, how long?

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If yes, please describe how P4W compares to your current location (i.e., in terms of facilities, programs, visitor access, staff, etc.)

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If yes, where would you prefer to serve your sentence?

- P4W
- at my current location

3) At which facility are you currently serving your sentence?

- Nova Institution for Women
- Joliette Institution
- Grand Valley Institution for Women
- Isabel McNeil House
- Okimaw Ohci Healing Lodge
- Edmonton Institution for Women
- Fraser Valley Institution
- other (*please specify*) \_\_\_\_\_

4) What do you think are the advantages and disadvantages of your current facility?

Advantages	Disadvantages

5) Do you feel safe and secure at this facility?

- always
- usually
- sometimes
- rarely
- never

If you wish, please elaborate. If you do not feel safe, please explain why:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) How would you rate the physical surroundings/structures of your facility?

- excellent
- good
- alright
- poor
- terrible

Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

7) Do you feel that your environment is consistent, supportive, constructive and therapeutic?

- always
- usually
- sometimes
- rarely
- never

Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Overall, do you believe that your living environment meets your needs?

- always
- usually
- sometimes
- rarely
- never

Please explain:

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9) How many women are you currently living with? \_\_\_\_\_

Do you feel this is:

- too many
- a good number
- too few
- don't care
- not applicable

10) Generally, do you and your housemates (roommates) get along?

- always
- usually
- sometimes
- rarely
- never
- not applicable

If you answered other than 'always' or 'not applicable', what are the disagreements usually about?

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If you answered other than 'always' or 'not applicable', how do you normally deal with disagreements?

- talk it over
- ignore each other
- yell/scream
- peer mediation
- intervention by staff
- violence
- other (*please specify*) \_\_\_\_\_

Please provide any suggestions as to what might improve your relationship with the other women:

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11) Have you ever served time at the Okimaw Ohci Healing Lodge (including now)?

- yes
- no

If yes, did/do you feel that you had adequate access to Elders?

- always
- usually
- sometimes
- rarely
- never

If yes, did/do you feel that the Healing Lodge meets your spiritual needs?

- always
- usually
- sometimes
- rarely
- never
- I don't have spiritual needs

If yes, did/do you feel that the Healing Lodge adequately represents Aboriginal culture, spirituality and healing practices?

- yes
- no

If no, did/do you feel that your current facility meets your spiritual needs?

- always
- usually
- sometimes
- rarely
- never
- I don't have spiritual needs

12) Overall what is most important to you in a correctional facility? *(Check all that apply)*

- being as close to home as possible
- being with only women
- having access to programs you want
- being with people serving sentences like yours
- feeling safe
- other (please specify)

13) Is there any specific training that you think the staff in a women's facility should have?

- yes
- no

If yes, please specify which kind of training:

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14) How much security do you feel you require as an individual?

- lots of security inside and outside of the facility
- lots of security inside, but not outside the facility
- lots of security outside, but not inside the facility
- some security inside and outside of the facility
- some security inside, but not outside the facility
- some security outside, but not inside the facility
- don't need much security at all

Briefly explain your answer:

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## SECTION 12 : RELEASE

1) Where do you think you want to go upon release?

- where my family/children are
- where there is work
- where there are community supports/Elders
- away from everyone I know
- other (*please specify*) \_\_\_\_\_

2) Who do you think you want to live with upon release?

- alone
- with children
- with partner
- with partner and children
- with parents/ relatives / extended family
- with friends
- other (please specify)

3) Do you think you will want to use services once you get out of prison (i.e., to find a job, accommodations)?

- yes
- no

If yes, what services will be important to you? (*Check all that apply*)

- help finding a place to live
- half-way house
- help finding a job
- training for a job
- help staying off drugs/alcohol
- help with mental health problems
- parenting help
- budgeting services
- other (please specify) \_\_\_\_\_

4) If you have been on release before, did you get the kind of help you needed?

- yes
- no
- have not been on release before

If you answered no, please explain:

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5) Generally, do you feel that the staff here are familiar with what's available in your community?

- yes
- somewhat
- no

### **SECTION 13: YOUR COMMENTS**

If there is anything else that was not mentioned in this survey and or that you would like to discuss, please add your comments here:

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