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**A Qualitative Study of Feminist Therapy  
in Kingston's Prison for Women**

**Gillian Balfour  
Summer 1994**

**Submitted to the Department of Criminology,  
University of Ottawa,  
in partial fulfilment of the requirements for the Master of Arts**



Gillian Balfour, Ottawa, Canada, 1994

## **A Qualitative Study of Feminist Therapy in Kingston's Prison for Women**

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University of Ottawa  
Department of Criminology

The Canadian government's Task Force Report on Federally Sentenced Women, *Creating Choices* (1990), presents a clear mandate for correctional reforms that provide women-centred therapeutic programming to address the issues of women's exploitation and abuse. This shift in correctional policy away from the traditional sexist and neglectful models of previous government reports is the result of a collective effort of women's groups and community services as well as the voices of the prisoners interviewed from across Canada. How have the experiences of federally sentenced women and the principles and strategies of feminist therapy emerging from the shelters for battered women and victims of sexual violence transcended the prison context?

This qualitative study of five feminist counsellors in the Prison for Women discusses their analytic frameworks, principles, and strategies for working with federally sentenced women in an institutional setting. An important concern is the impact of the prison setting on the strategies of feminist therapists. As clinically trained professionals who share a feminist ideology, the therapists have created an expert discourse on the impact of childhood sexual and physical abuse upon women's behaviour. The respondents accounts of the lives of federally sentenced women reconstruct their mental health "needs" and justify their behaviour in the context of victimization.



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## **INTRODUCTION**

In the spring of 1989, the Federal Government of Canada commissioned a Task Force on Federally Sentenced Women to assess the "needs" of female prisoners serving sentences of greater than two years and to re-envision a correctional policy. The research conducted by the Task Force is the most recent and comprehensive study to date and provides both quantitative and qualitative profiles of federally sentenced women in Canada.

The Federal Prison for Women (P4W) in Kingston, Ontario had long been a source of unease for various government administrations. Women prisoners were committing suicide at an alarming rate and changes in sentencing practices, such as the abolition of the death penalty and the implementation of minimum sentences, meant they were serving longer prison terms. There were also challenges under the Canadian Human Rights Act that the treatment of female prisoners in P4W was discriminatory.

The Task Force recommendations called for sweeping changes, not the least of which was the closure of the prison itself and its replacement by a regionalized system of confinement. There was also a call for a feminist approach to working with women in prison. Mental health programming was to reflect the notions of empowerment, respect and dignity, and choice (Government of Canada: 1990). The conceptualization of women in conflict with the law was to be shifted from a traditional clinical approach that historically had neglected women's experiences, towards a woman-centred model, that placed women's deviance in a context of victimization, poverty, and racism.

The Correctional Services of Canada ... has the responsibility to create an environment that empowers federally sentenced women to make meaningful and responsible choices in order that they may live with dignity and respect (Government of Canada,1990:112).

At the time of the survey, there were a total of 203 federally sentenced women, 125 of whom were serving their sentences in P4W. The remaining 78 were confined in provincial institutions under the Exchange of Service Agreements struck between the provincial and the federal governments. One hundred and seventy women agreed to participate in the research. The profiles of federally sentenced women that emerged challenged previously held notions of women and crime and questioned the adequacy of traditional correctional models to meet their "needs".

Offence statistics revealed that 48% of women were serving less than five year prison terms, 22% between five and nine years, 30% more than ten years; 20% of those serving life. Forty-two percent of prisoners were convicted for murder in its varying degrees or manslaughter, 27% for robbery, and 31% for property related offences. Over one third were first offenders. Overall, 87% of women had never served a federal term of incarceration (Government of Canada, 1990). Because federally sentenced women represent only 2% of Canada's federal offender population, the use of percentages without also providing raw numbers can be misleading. For example, even though a larger percentage of women are serving sentences for violent offences than men, the raw numbers show otherwise<sup>1</sup>. Violence, nonetheless, does play a large role in women's personal histories both as offenders and as victims.

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<sup>1</sup> The CSC Offender Population Profile System indicates that in 1992 17.8 percent (2569) of male offenders were incarcerated for murder or manslaughter in contrast with 33.2 percent (104) of female offenders.

When asked about their family life, adolescence, and experiences on the street before being convicted, women revealed tragic stories of severe addiction problems to both illicit and prescription drugs and alcohol, repeat sexual and physical assaults, incest, neglect, isolation and abandonment. Three-quarters of the women stated that they were addicted to or had used illicit or licit drugs. Sixty-eight percent (115) reported being physically abused and 53 % (90) sexually abused (Shaw et al 1992-13). A common thread to the stories of the women were memories of long periods of abuse, most often during childhood by family members. For many women, the use of illicit and/or licit drugs followed the onset of abuse. For Aboriginal women, the experiences were even more remarkable: 90% (35) reported physical abuse and 61% (24) sexual abuse, often within the context of foster homes and residential schools (Sugar and Fox, 1990). Overall, more than two thirds of the women interviewed were mothers, 70% single parents.

A pattern emerged of unemployment, limited work experience, dependence on social assistance, illiteracy, and low education levels. Two thirds of the women had never had steady employment even though one third of those had formal qualifications beyond high school; fifteen percent had never held a legitimate job; and the remainder lived on social assistance. Most positions held were in the service industry, for example retail sales or waitressing.

Women's experiences of incarceration at the Prison for Women were also provided in the context of the prison's use of discipline and punishment. Dobash and Dobash (1986) claim that incarcerated women have historically been understood in the context of their inability to cope given their "hysterical nature and intrinsic female characteristics" (Dobash and Dobash,1986:147). The Dobashes' argue that the



differences between men and women's experiences of incarceration lie in the "differences in the rigour with which prison rules are applied to women" (Dobash and Dobash, 1986:147). Women, they say, are more likely to be punished for minor infractions such as swearing, than are men, and more harshly for serious breaches of discipline such as possession of contraband and assault.

Women's behaviour in prison is diffused and devalued by being constructed as due to their own inadequacy rather than a legitimate response to a repressive regime (Dobash and Dobash, 1986:148).

Researchers at the Prison for Women viewed self-injury, attempted suicide, drug abuse, and breaches of discipline by inmates in some instances as preexisting behavioural patterns escalated in frequency and severity by imprisonment and, in other instances, as newly acquired adaptive behaviours. Earlier studies of men in prison and their patterns of self-injury also showed an increase in the behaviour in the context of solitary confinement and/or maximum security settings (Jackson 1983). Fifty-three percent of the women respondents engaged in self-injury prior to their incarceration and 20% of those began or continued to harm themselves during their incarceration (Shaw et al, 1992-13).

The first investigation into self-injury in federal penitentiaries was conducted in 1974 in the Ontario region. Incarcerated women represented the largest number of inmates engaged in self-injury, whereas, men confined in Millhaven Penitentiary's maximum security were second. The report called for a shift from a punitive to a therapeutic approach to meeting the "needs" of those who harmed themselves. The recommendations of the report were never implemented. The Commissioner of Corrections later stated that self-injury was no longer a problem within Ontario institutions, and had been over-represented in the study findings (Kingston Whig-

Standard, November 25, 1989:27). However, in 1986, 52 of 98 self-mutilation incidents occurred at Millhaven maximum security penitentiary. In 1987, 35 of the 70 reported incidents involved inmates in Millhaven, and in 1988, 30 of the 59 reported cases were from the Prison for Women (Kingston Whig Standard, November 25, 1989:27). In short, the dynamics of the prison setting and institutional protocols for managing self-injury can exacerbate the severity of the problem.

Inmate relationships with staff were expressed in terms of racism, mistrust and misunderstandings. For example, more Aboriginal women were classified as maximum security inmates than other subgroups of women, regardless of their offence histories. Suspected or admitted lesbians were often required by Case Management Officers to attend co-educational treatment programmes in men's institutions. Health problems were dismissed as stress-related or interpreted by doctors as attention-seeking behaviour. (Shaw, et al 1992-13)

Overall, seventy percent of the women interviewed were seeing a mental health staff person in prison, such as a psychologist, psychiatrist or counsellor. Given the numbers of women involved in some form of mental health programme, the difficulties in living that they have experienced, and the nature of their offences; what are the implications of a feminist approach for meeting the "needs" of federally sentenced women? Are their mental health "needs" seen within the context of their complete life experiences?

### Purpose of the Study

The purpose of this study is to present the principles, strategies and dilemmas of feminist counselling in a prison context. Feminist counselling at Kingston's Prison

for Women has been offered since 1983 when the first contracted part-time therapist was hired by Correctional Services Canada (CSC) to work one-half day a week. Currently, there are two full-time staff psychologists responsible for intake and parole assessments, counselling of violent offenders, and crisis intervention. There are also three part-time contract psychologists specializing in the areas of self-injury, fraud and sexual abuse, and one part-time addictions counsellor. Together they provide crisis intervention, one-to-one counselling, groupwork, and educational programmes for female prisoners. In addition to these services, several counsellors from community agencies, such as the Sexual Assault Crisis Centre, Elizabeth Fry Society, and New Women in Sobriety are under contract with CSC to provide programmes for incest survivors, fraud offenders, and women with addictions. Cultural programmes that deal with issues of substance abuse and incest are also in place for Aboriginal women, women of colour and francophone women. At the time of this study, a formal evaluation of all therapeutic services at the Prison for Women was being conducted<sup>2</sup>.

In the summer of 1992, I conducted a qualitative study of feminist therapy with women in conflict with the law for the Ministry of Solicitor General's Secretariat, Corrections Branch under the direction of Dr. Tina Hattem. This study consisted of five open-ended interviews conducted at the Prison for Women with those psychologists and counsellors who were available. As well, five counsellors with community agencies, such as the Sexual Assault Crisis Centre, a local shelter for battered women, and halfway house for women in conflict with the law were included in the study. The interview data collected will be the foundation of the study of feminist therapy with women in conflict with the law sponsored by the Ministry of Solicitor General. For the purposes of this thesis, however, my focus is the work of five feminist

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<sup>2</sup> see Kendall, K. (1993) Evaluation of Therapeutic Programmes in the Prison for Women. Ottawa: Correctional Services Canada.

counsellors on staff at the Prison for Women: a staff psychologist, a substance abuse counsellor, a psychologist specializing in women and fraud, a psychologist working in the areas of self-injury and suicide, and an incest counsellor.

My approach is to place feminist therapy in a historical context of other attempts at prison reform that have used the Prison for Women as a site for social change. I argue that because the therapeutic model of feminist therapists is influenced by the agendas and structures of control and discipline, their framework becomes another filter through which federally sentenced women are essentialized as incest survivors.

Chapter One discusses feminist epistemology and the notion of the *essential woman*. Constructs such as femininity, masculinity, and morality will be discussed in the context of understanding feminist critiques of traditional therapeutic models. This will clarify the emergence of feminist therapy, the development of a women's psychology, and the role of the shelter movement for battered women and rape victims.

Chapter Two presents a historical account of the confinement and treatment of federally sentenced women in Canada in order to trace the impact of prison reform from religion to current day feminism.

Chapter Three discusses the methodology of this report. Using the interviews with five feminist therapists I present principles, strategies, and frameworks of analysis for working with women in prison. I use an inductive approach to the thematic organization of the interview data to allow the scope and limitations of feminist counselling in a prison context to emerge. I also discuss dilemmas of the research process, including issues of access to a prison setting, sample size, saturation of research site, and the influence of my personal experience as a Correctional Officer upon the interview process.

Chapter Four presents the frameworks of analysis, strategies of intervention, and principles of feminist therapy in a prison context and discusses how feminist therapists manage their work in the prison setting.

Finally, Chapter Five concludes that feminist therapy emerges as an expert discourse as it has moved from the shelters to the prison setting. Central to this discussion is the implications of institutionalization upon feminist principles and strategies, as well as the impact of childhood sexual abuse as a major theme of the ideological framework of the feminist counsellors and psychologists.

**CHAPTER ONE**  
**FEMINIST DISCOURSE AND THE EMERGENCE**  
**OF FEMINIST COUNSELLING: MENTAL ILLNESS**  
**AS RESISTANCE TO OPPRESSION**

**Introduction**

By the late 1960's, critical sociologists and criminologists had begun to emerge from the margins of their disciplines "deconstructing" traditional methods of social control and explanations of deviance. Deconstruction was a means of identifying the historical and political contexts of social problems in order to show the interests served by the apparatuses of social control: asylums, prisons, medicine and law. Cohen (1985) later describes these theoretical shifts as occurring in four separate sites: away from the state; away from the expert; away from the institution; and away from the mind. He claims that these benevolent intentions of decentralization of state control, demystification of the expert, and decarceration of prisoners have yet to be actualized. Instead, the rhetoric of social reform has failed to transcend the actions of social control, or in some instances has become a part of its apparatus. Specific to my study will be the role of feminist discourse in "deconstructing" the social control of women in prison, and how feminist therapy, too, has become a new expert discourse.

A central argument in the feminist discourse on women's mental health and deviance is the notion of the *essential woman*. Essentialism, or the homogeneous and universal construction of women in terms of their sexuality, femininity and morality as perpetrated by positivistic therapeutic models, such as psychiatry, psychoanalysis, and behaviourism, has been critiqued by feminist scholars. These critiques of essentialism

have been influential in the development of a feminist model of counselling. This approach is steeped in a "personal as political" dialectic reflective of women's experiences of sexual and physical violence, poverty, and racism. The focus of feminist approaches to therapy is to overcome an exploitative hierarchical therapeutic relationship, to avoid labelling or diagnosing of women's behaviour by positivistic standards of mental health, to decenter individual pathology, and to focus on the systemic oppression and victimization of women.

In the early 1970's, women's experiences of rape, child abuse and battery as well as their sexist treatment by police, hospitals and courts, were made public in professional literature and the news and entertainment media. Women began to organize informal networks of shelters, or safe houses for women in crisis, and their children. Shelters were run by volunteers, many themselves victims of sexual assault and battery, who provided emotional support along with emergency housing, clothing, and food. Within these shelters emerged a form of "grassroots" counselling that was built more on the experiences of women themselves than any professional knowledge base. A grassroots approach emphasized the importance of empowering and consensual relationships. Women were to be regarded as the experts on their own experiences and were to be considered to be partners with their counsellors in deciding the direction of their healing process (Greenspan, 1983). Most importantly, their stories of abuse were to be believed. Women's behaviour, such as depression or substance abuse was to be understood in the context of *resistance* or survival, rather than as symptomatic of psychopathology. Consciousness-raising groups replaced the traditional therapeutic relationship and encouraged women to make connections between their personal experiences, those of other women, and the social contexts of their lives.

Meanwhile clinical psychologists influenced by feminist principles and practices explored the impact of sexual and physical violence upon women and children and developed a woman's psychology model that expanded upon clinical concepts such as "post traumatic stress disorder" and "learned helplessness" (Walker, 1979) to include women's experiences. Traditional methods of intervention such as psychoanalysis were broadened, or engendered, to reflect a woman's psychopathology.

Given the grassroots beginnings of feminist counselling in transition homes and rape crisis centres, how has feminist therapy co-existed within other apparatuses of social control, most notably prisons? Does feminist therapy hold potential in meeting the mental health "needs" of incarcerated women? Most importantly, has it overcome the essentialism of women in positivist disciplines, or has it constructed new objectifying principles of etiology and treatment?

### Feminist Epistemology and the Essential Woman

Decentering the "power of the male perspective to affect reality" (Hutchinson and McDaniel, 1986:17), or "persistence of the privileged version" (Smith, 1975) is central to feminist discourse. Psychiatrists, psycho-analysts, and learning theorists as "gatekeepers" of knowledge defined women's experiences in terms of "positivism's male dominated theoretical schemes, images and vocabularies" (Hutchinson and McDaniel, 1986:18). Feminist discourse questions the invisibility of the social context and the defining of "the locus of pathology, the role of the therapist, the interpretation of symptoms, and the focus of intervention and therapeutic goals within androcentric parameters" (Hutchinson and McDaniel, 1986:19).



Formulating the concept of "woman", then, is crucial to feminist theory and praxis as gender is its point of departure from other critical discourses that challenge these theoretical frameworks of positivism. Many "deconstructions" of the therapeutic state have neglected women's experiences in prisons and asylums (see Cohen and Taylor, 1972; Foucault 1973, 1977; Sykes, 1958). Those who have studied women's institutions have usually limited their analysis to a functionalist viewpoint of prisoner behaviour that is premised on the notions of sex role stereotypes. For example, Giallombardo (1966) claimed that sexual and romantic relationships amongst female prisoners are an adaptation to the disequilibrium caused by incarceration. The normativeness of "family" is ascribed to and preserved through quasi-familial systems where all the roles are played by women. Watson (1980) argues that these "systems" of adaptation are seen less as a response to the pains of imprisonment, than as a form of role maintenance. If this is so, female prisoners may be essentialized as lesbians without considering that sexual and romantic relationships with other women may reflect their need to survive or cope with the impact of imprisonment. Treatment programmes in women's prisons have reflected an essentialist perception of women and their sexuality by focusing on moral development and preservation of conventionality through domestic training and co-educational programmes. The implicit "treatment goal" would seem to be the prevention of sexual and romantic relationships amongst women because such relationships indicate that women are expressing a form of sexual psychopathology.

Women have been constructed by traditional theoretical frameworks of psychiatry and law as passive, emotional, irrational, and, frequently sexualized objects.

Whether she is construed as essentially immoral and irrational ... or essentially kind and benevolent, ... she is

always construed as an essential something inevitably accessible to direct intuited apprehension by males. Despite the variety of ways in which man has construed her essential characteristics, she is always the Object, a conglomeration of attributes to be predicted and controlled along with other natural phenomena. The place of the free-willed subject ... is reserved exclusively for men (Alcoff, 1988:258).

Feminist discourse on the essentialism of women in the areas of mental illness, criminality, and violence against women, has also focused almost exclusively on the notion of sexuality. The role of feminist discourse "is to deconstruct these assumptions of the inferiority of the female gender" (Young-Eisendrath, 1988:155). Even more important is for feminists to foster a reconstruction of the identity of women that explains sexism yet avoids universalized conceptions that are ahistorical and homogeneous.

Some feminist theories of sexism have essentialized women in terms of their reproductive and sexual selves, along with their vulnerability to victimization. For example, Daly (1978), Brownmiller (1975), and MacKinnon (1987) in explaining violence against women have constructed women as essentially sexual objects defined by the social norms of the institutions of heterosexuality, pornography, marriage, and the family, as well as by the structures associated with prostitution. There is little or no discussion of the race, ethnicity, and class of women and the relationship between how these statuses are constellated, and violence. By essentializing the female as victim, feminists have also constructed the essential male as aggressor and oppressor. This discourse fails to account for individuality and agency along with broader social and political contexts of womens' and mens' lives.

As feminists redefine woman's mental illness and criminality they must avoid the error of essentialism. "The goal is to create a feminist standpoint epistemology that

contextualizes women and replaces masculine preoccupation with reductionism and linearity" (Gergen, 1988:31). The challenge to feminists further lies in the creation of a discourse that contextualizes women's and men's lives of sexism, heterosexism, racism, classism, and violence without essentializing either women or men. Feminist theory and praxis must carefully avoid the errors of exclusion and domination.

Are feminist attempts at this not in danger of recapitulating much of the same form of justification, and thereby favouring the establishment of alternative hierarchies. And what is to prevent these alternatives from engaging in the same exclusionary tactics that will diminish the voices of others (Gergen, 1988:33).

I will argue that feminist therapy in the Prison for Women is reflective of an essentialist discourse of women's mental health and criminality that perpetuates the hierarchies and dogma of traditional clinical models. Federally sentenced women are constructed as survivors *damaged* by sexual and physical violence. Their lives of poverty and racism are viewed largely in the context of their victimization. It is this construction that guides the principles and strategies of feminist therapy.

### Women and Mental Health

Early feminist research on women and mental health claimed that apparatuses of social control, such as asylums and medicine were utilized against women to perpetuate gendered stereotypes that were intimately linked to their sexual and reproductive selves. Once institutionalized for "disorders" such as, frigidity, depression, lesbianism, or promiscuity, women were to be "managed back to feminine health, thereby, re-establishing relations with their husbands" (Chesler, 1972:70). The "Angry Woman Syndrome" was a psychiatric classification under which women who

smoked or drank, were sexually promiscuous, and career oriented, were diagnosed as needing strong male control at home and in the institution" ( Chesler, 1972:70).

The classic study by Broverman *et al.* (1970) illustrates the influence of sex-role stereotypes upon the treatment and classification of women by clinicians. Psychologists provided descriptions of a healthy person listing characteristics such as confident, assertive, and independent. In contrast, depictions of an unhealthy person were emotional, passive and dependent. When then asked to describe a typical male and female personality women were seen as normatively unhealthy. Broverman (1970) argued that this stereotyping of women was consistent through-out the mental health professions, and that therapy was an "institution that contributed to the infantilization and disempowerment of women".

In Women and Madness, a study deeply influenced by Broverman's findings, Phyllis Chesler (1972) explored the therapeutic relationship between women and their psychiatrists. Citing Thomas Szasz, she argues that the psychiatric control of women can be understood in the context of other historic traditions of the social control of women by the state, most notably the witch hunts and inquisitions of the sixteenth century. The diagnostic criteria by which women must prove their sanity today, such as femininity and chasteness were those which allowed their freedom four hundred years ago. In The Myth of Mental Illness, Szasz (1972) argues that madness is best understood as a myth describing "problems in living" and that psychiatry and psychiatric hospitals are the tools of oppression of women, as once were religion and the Church.

Although Szasz does not challenge the notion of private therapy as a means of oppression, Chesler argues that this therapeutic relationship, too, is a tool of oppression in the modern patriarchal state. Indeed, the therapeutic relationship is

understood by Chesler to be similar to a marriage. Women are isolated from each other, individual rather than collective solutions are emphasized and the relationship is contingent upon a hierarchical power imbalance focused upon a woman's dependency. What is important to Chesler's critique of psychiatry is the idea of a putatively therapeutic relationship with an imbalance of power in which psychiatrists instruct women to understand their behaviour as a form of mental illness. "The institution of therapy is a mirror of the female experience in a patriarchal culture" (Chesler, 1972:61). No therapeutic relationship can avoid exploitation of the patient, regardless of the therapist's or patient's gender, as it is intrinsically premised on principles of domination and control.

### The Emergence of Feminist Counselling

Feminist challenges to the therapeutic state and its control of women through institutionalization and medication were also part of a larger collective movement "away from the expert", or what was referred to as "anti-psychiatry" (Cohen, 1985). The anti-psychiatry movement within feminist discourse claimed that the "mental illnesses" diagnosed in women were better understood as a form of resistance to sexism rather than as forms of pathology. Anti-psychiatrists noted the similarities between what women were experiencing, such as sexual exploitation and poverty and how they were being treated by psychiatrists. They criticized the labelling of behaviours such as depression, frigidity, promiscuity, or addictions as illnesses and their control through medication or electric shock therapy. They were also critical of the view that sex between therapist and patient might be understood in the context of treatment, or a means of payment for therapeutic services (Chesler, 1972; Levine,

1982).

Traditional therapy has failed to recognize that it is depressing and anxiety producing to be underpaid, undervalued, overworked, and face contradictory expectations, and has sought to help women adjust to unjust situations (McGrath, 1992:28).

Emerging from feminist writings on the therapeutic control of women was a grassroots movement that politicized rather than pathologized women's experiences. "Consciousness-raising" was a means of combining counselling and a political analysis of what women were experiencing on the basis that women worked together to provide each other with practical solutions to problems of their every day life. "It is vital that women develop a strong consciousness of the roots of female pain" (Greenspan, 1983:243). The goal of consciousness-raising was to see how one's own power is inextricably linked to the collective power of women.

Feedback and sharing of ideas and feelings have provided the woman with helpful personal insights and new political frameworks within which to view herself and the world.... which open the door to a self-determined, realistic, constructive, and active problem-solving orientation for the individual woman and the group as a whole (Kirk, 1983:179).

Without a leader or expert, the simple process of women sitting and listening to each others stories with an ear to shared strengths as well as the shared ordeals had some powerful therapeutic effects. Together we saw that the old terms used to describe politics, relationships, sexuality and power, and language itself were an outgrowth of male experience and had to be re-invented (Greenspan, 1983:232).

Consciousness-raising or informal support groups, however, are available only to certain women, generally those who are white middle-class and university

educated. Since their inception, feminist approaches to counselling or healing have largely failed to be inclusive of women, such as racial and ethnic minorities, residents of prisons and psychiatric hospitals, and the working-class.

### The Psychology of Women: Feminizing Clinical Models

Psychologists, too, began to explore the concept of a "women's psychology" that incorporated women's moral development (Gilligan, 1982), and their life experiences of child-rearing and victimization (Chodorow, 1989; Goldhor-Lerner 1974a, 1974b, 1978; Walker 1979, 1984). Although women's psychology "contextualized" or "engendered" traditional psychological analysis and treatment of women, the hierarchical therapeutic relationship still remained intact.

The psychology of women serves as a prototype of the change of traditional discipline through feminist thought. Voices from outside the professions demand, some within hear and begin the work in professionally appropriate modes of model building and critiques (Ballou and Gabalac, 1985:50).

The psychology of women applied the tools of diagnosis and treatment that were steeped in what some feminists understood to be androcentric standards of mental illness. For example, the Diagnostic Standards Manual (DSM-III-R) of the American Psychiatric Association is a standardized and universal listing of symptomatic descriptions and possible treatment regimes for scientifically proven conditions of mental illness. Women's psychologists adapted women's experiences to the strict criteria of the DSM-III-R. Most notable is the category of "Post Traumatic Stress Disorder" or PTSD. PTSD emerged in the late 1970's following the return of Vietnam War veterans who presented behaviours of paranoia, hypervigilance,

sleeplessness, dissociation, substance abuse, and flashbacks to combat attacks. Psychologists working with women who had been repeatedly or severely physically or sexually attacked argued that *behavioural* similarities existed between these two groups of patients, regardless of the *experiential* differences.

Post Traumatic Stress Disorder has been recently broadened to include clinical diagnoses of the "Battered Woman's Syndrome" and "Multiple Personality Disorder<sup>3</sup>"; the psychological impact of severe long-term physical and sexual violence. Psychologists compare a battered woman's sense of hopelessness and fear as part of the conditioning of a battering relationship, or what is termed the "cycle of violence" (Walker, 1979). Battered women are said to suffer from "learned helplessness" or the inability to leave an abusive situation (Walker, 1979). In contrast, research into the psychological impact of childhood sexual abuse has constructed Multiple Personality Disorder as an extreme form of dissociation mostly commonly found amongst adult women. Repressed memories of bizarre and severe acts of sexual violence resurface through intensive psychotherapy, often in the form of multiple personalities, or "alters". In this context, a woman's behaviour is assessed in terms of her dissociative state. Feminist critiques of MPD have argued that "psychologists as entrepreneurs" have created a new industry that allows the further exploitation of women's experiences of sexual violence (Burstow, 1993:37).

Medical categorization of social problems such as violence against women and children has led to a battleground of disorders constructed to counter claims of blameworthiness. For example, False Memory Syndrome (FMS) can be understood as a confrontation between those who report that have been victims of sexual violence and their supporters and those who claim to have been falsely accused of sexual violence. Proponents of FMS claim that memories of incest or sexual assault that are

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<sup>3</sup> This clinical term is soon to be replaced by "Dissociative Interpersonal Disorder" in the forthcoming DSM IV



uncorroborated by physical evidence, or are denied by the alleged victimizer may have been created within a therapeutic setting by zealots of the sexual abuse movement. More important, however, is the continuing trend of reductionism, or limiting the definitions of women's experiences and behaviours to pathology.

The debate over the pathological reconstruction of violence against women is beyond the scope of this paper. Of concern here, however, are the implications of "constructing" women within medical categories. Some critics argue that even as "victims", women are stereotyped and made dependent upon those who decide the severity and nature of their suffering.

Even though the premise of a woman's psychology was deeply influenced by grassroots feminist concerns, such as violence against women, it is clearly distinct in terms of its principles, strategies, and goals from feminist counselling.

### The Principles of Feminist Counselling

The principles of feminist counselling, for the purposes of this study, will reflect a general theoretical framework. Feminist discourse is widely divergent in its approaches to understanding women's experiences and the means of social reform. For example, liberal feminists argue that traditional intervention approaches, such as psychoanalysis merely "need" to be broadened to include women's values. Socialist feminists explain women's oppression in terms of poverty and exploitation by a labour market that leaves them powerless to compete with men and attain autonomy. Radical feminists claim that women must create a separate existence from the oppressions of heterosexuality and hierarchy (Smart, 1989). Burstow (1993) a radical feminist therapist claims that feminist counselling is a political movement linked to

existentialism, a philosophy based on the ability of women and men to project meaning and create worlds.

In thought and action and in the dialectic between them, we move beyond both self and what is given, and change both self and world in the process (Burstow 1993:1).

The basic principles (see Figure 1) shared throughout most feminist approaches to meeting the mental health "needs" of women in crisis are as follows: the centrality of women's experiences to the healing process; the importance of groupwork to overcome isolation and the creation of supportive networks; the sharing of power within the counselling relationship; and, the understanding of women's behaviours as an expression not of illness but rather of a striving for health (McGrath, 1992:29).

A feminist counsellor attempts to use an understanding of how systemic oppressions combine to frame the personal problems that women face, and to be aware of the impact of violence against women. The counsellor encourages women to make the connection between their personal experiences and those of other women. From this recognition of "the personal as political" comes the ability to resist sexism (Burstow, 1993:40).

The principle of balancing the power within the counselling relationship is intended to encourage a co-operative rather than hierarchical relationship that allows women to actively participate and have their knowledge and experience valued. "By altering the ownership of the power, we are challenging how counselling happens" (Burstow, 1993:40). The intention is that this collaboration will lead to respect and mutually agreed upon goals.

An important means of achieving consensual relationships and creating supportive networks amongst women is groupwork, rather than the traditional one-to-

one approach which isolates women from each other within a potentially hierarchical relationship. In a group context, women can develop skills of resolution and interdependence. Groupwork is especially important for marginalized groups of women, such as women in conflict with the law who have a greater "need" for collective action and practical resources.

Counselling within a feminist collective is an "alternative to traditional therapy as it is based on a presumption of health that acknowledges that women's 'symptoms' are actually expressions of attempts to cope as well as they can" (McGrath, 1992:29). By recognizing the impact of society on the development and maintenance of distress women experience, feminist counsellors respect women's abilities to cope. Problems such as substance abuse, depression, self-injury and eating disorders are taken as ways in which women resist exploitation or struggle to retain control. The goal of feminist counselling is the empowerment of women through respect and encouragement to develop less harmful means of coping.

### Conclusion: Implications of Feminist Counselling in Prison

As feminist counselling has emerged from challenges to the psychiatric control of women and the grassroots of the women's movement to provide refuge and support to victims of sexual and physical violence, has it transcended other apparatuses of social control, such as prisons for women? Figure 2 outlines the theoretical shifts in the mental health care of women over the last twenty years leading to a feminist approach. Feminist discourse has challenged the role that clinicians play as gatekeepers in the definitional process of women's mental illness. Of particular concern is the view that the source of pathology lies within the individual rather than

social context. Womens' behaviours are interpreted as illness rather than as acts of resistance, and the focus of intervention is the preservation of gendered stereotypes of femininity.

Some critics of current feminist models of intervention have cautioned that in a struggle to work with women in a variety of settings, such as prisons and hospitals some feminist counsellors have integrated clinical principles, such as diagnosis and prediction as a means of institutionalizing feminist counselling (Burstow, 1993). What has been the impact of feminist counselling upon the definitional process of women's deviance and the course of intervention in a prison setting? More importantly, how have the principles of empowerment, respect, and negotiation been implemented in a prison's paramilitary environment premised on ideals of punishment and rehabilitation?

FIGURE 1

## Principles of Feminist Counselling

| <b><u>Principle</u></b> | <b><u>Definition</u></b>                                                                                           | <b><u>Rationale</u></b>                                                                                                                       | <b><u>Strategy</u></b>                                                                                            |
|-------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Collectivity</b>     | A non-hierarchical organizational model premised on the ideals of consensus and power sharing                      | To create an environment that models consensus and mediation, rather than power, over, confrontation                                          | Staff organization and hiring practices to reflect experiences rather than education; focus on volunteers         |
| <b>Context</b>          | Framework of analysis that recognizes social, political, and economic realities, that is the personal is political | To avoid pathologizing or individualizing behaviour; to overcome a woman's sense of isolation                                                 | Link other women's experiences together to create a common or shared understanding, ie., groupwork                |
| <b>Control</b>          | Balancing the powers within a counselling relationship; allowing women to direct the pace and content of the work  | To avoid a hierarchical relationship where potential for abuse exist and to create opportunities for women to take control and make decisions | Counsellor self-disclosure of personal experiences; contracting agendas of counselling sessions                   |
| <b>Respect</b>          | Acceptance of lifestyle choices and abilities.                                                                     | To avoid abuses of power in a counselling relationship; to recognize women's strengths                                                        | Setting boundaries within the relationship as to appropriate behaviour, and goals; counsellor empathy and support |

FIGURE 2

## Thematic Organization of the Emergence of Feminist Counselling

|                                   | <u>Anti-psychiatry</u>                                         | <u>Women's Psychology</u>                                                                     | <u>Shelter Movement</u>                      |
|-----------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>Power of Definition</b>        | psychiatrists<br>doctors                                       | women clinicians                                                                              | victims of sexual<br>and physical<br>assault |
| <b>Locus of Pathology</b>         | state apparatuses,<br>eg. prisons and<br>asylums; patriarchy   | impact of abuse<br>and gender roles                                                           | family<br>heterosexuality<br>economy         |
| <b>Role of Therapist</b>          | male standards<br>of diagnoses,<br>treatment and<br>prediction | female application<br>of clinical standards                                                   | partner in healing                           |
| <b>Interpretation of Symptoms</b> | illness                                                        | syndromes of<br>maladjustment                                                                 | resistance to<br>oppression                  |
| <b>Focus of intervention</b>      | sexuality<br>femininity<br>morality                            | engendering of<br>traditional clinical<br>models:<br>psychoanalysis and<br>cognitive learning | consciousness<br>raising                     |



## CHAPTER TWO

### THE PRISON FOR WOMEN AS A SITE FOR CORRECTIONAL REFORMS: FROM RELIGION TO FEMINISM

#### Introduction

Canada's only prison for federally sentenced women in Kingston Ontario has been at the centre of a long and arduous debate over an appropriate and effective federal correctional policy that addresses the "needs" of its female prisoners. Each change in policy can be linked to theoretical frameworks which construct the Prison for Women as a site for social reform. The most important of these are the following: the moral reformation of prisoners; the pursuit of gender equality ; the politicization of prison reform; and, most recently, the legitimation of feminist therapy.

What emerges from these theoretical shifts in the imprisonment of women in Canada is the questioning of the use of prison as a site for reform by prisoner advocates and feminists, and an understanding of how each attempt at reform *essentialized* federally sentenced women as either immoral, vulnerable, or damaged by sexual violence. Particularly relevant to my discussion are the following events which can be considered as catalysts for change in correctional policies regarding federal female prisoners: the Canadian Human Rights Commission's findings of sexual discrimination against federally sentenced women by Correctional Services Canada; the use of volunteer-sector workers in the Prison for Women; the Coroner's Inquest into the death of prisoner Marlene Moore; and the federal government's recent Family Violence Initiative in the area of correctional programming.



### Domesticity as Discipline: Prison as a Site for Moral Reformation

The discourse of imprisonment from a historical perspective claims that prisons served as a site for moral reformation (Dobash and Dobash, 1986; Freedman, 1981). Female prisoners were commonly confined in separate wings of men's prisons as their numbers were very few. However, separation was also important in terms of the imagery of women in conflict with the law as corruptive and immoral. Prison administrators often claimed that women prisoners were promiscuous and difficult to manage. Prison reformers, such as the Women's Christian Temperance Society and the Elizabeth Fry Society, too, were not dismissive of this perception; rather, they countered that women were at risk of being sexually exploited by men. These views reveal a contradiction between controlling women in prison because of their promiscuity and protecting them from male victimizers.

The federal imprisonment of women in Canada began in 1839. Three women convicted of larceny were housed in the prison dining hall of Kingston's Penitentiary for Men. By 1867, sixty women were housed in the north wing of the men's penitentiary. The Inspector of Kingston Penitentiary recommended that a completely separate facility be built within the walls of the penitentiary so that administration could remain unaltered and the disruptive impact of women upon the men be minimized. A separate facility for women was built in 1913.

Paralleling this structural shift toward the separate confinement of women was the ideological construction of a "separate sphere" for women prisoners brought about by prison reformers, such as the Women's Christian Temperance Society and Elizabeth Fry Society, and the woman's movement in general. Early feminist agendas claimed that separation and differentiation were necessary to overcome women's

oppression as "inferior". Farganis (1986:43) argues that this "strategic use of different spheres to access resources and influence was a site to establish a sub-culture of sisterhood". Freedman (1981) agrees, stating that the claims of prison reformers, that women were sexually exploited by men if they had no practical skills, were a means by which these reformers achieved political power for themselves. The social position of women at that time allowed them limited access to political and economic power to improve their lives. Instead, women became advocates for others more disempowered than themselves to gain access to political forums.

Central to the notion of separation was that of differential or feminine treatment. Differential treatment of women in prison became defined by its domestication or moral reformation of women, rather than their punishment. The goal of reformers was to direct and control the reformation process. Instead, however, domesticity as a means of establishing differences between men and women prisoners masked this new regime of discipline (Freedman, 1981:101).

Ideological factors have not only had a major influence on the availability of programs for female offenders, they have also determined their nature. By far the majority of programme efforts have been directed to training female offenders in traditional feminine pursuits. It has been argued that most correctional services for females have been designed by males and reflect the stereo-typical traditional sex role of women in our culture. Since women have not been seen as breadwinners, there has little impetus for providing them with training in meaningful and marketable employment skills. In keeping with their traditional roles they are more likely to have been provided with "busy-work" or "women's work" (Ross and Fabiano, 1986:9).

Instruction in domesticity was allied with the reformatory's marital goals: inmates would become so devoted to and skilled at domestic chores that they would easily attract husbands. It was as if a rigorous pursuit of domesticity would compensate for the girls' previous immorality

(Schlossman and Wallach, 1978:77).

Freedman argues that a consequence of reform attempts to alter the means of confining women in conflict with the law has been the internal occupation of women's prisons by other women under the guise of reform. Another result, however, has been a limited capacity for reformers to challenge the prison system and the legitimization of incarceration as a means of social control. The context of prison and its ideological underpinnings of control and power remains unchanged and female prisoners social worlds are still "grounded in the theme of their sexual vulnerability" (Freedman, 1981:41).

In 1921 the Nickle Report, the first Canadian government commission to study the plight of female prisoners, argued that women should be housed in a separate and unique facility that met their distinct "needs". In addition, practices such as the lack of remuneration for work performed by prisoners and their having to launder staff personal belongings were judged demeaning to the women. Although the Nickle Report recognized the degrading circumstances that existed inside the walls of the Prison for Women, the report's analysis of programming "needs" was still informed by the construction of women prisoners as sexually maladjusted. This perception was the basis for the separation of women from men and the use of "sedatives to calm women who were sexually active". Again, sexualized differences and vulnerabilities were to be controlled for the purposes of prison administration and the moral reformation of women.

A central prison was built in 1934 outside the walls of the men's prison. Some feminist historians have argued that this "was the result of the need to maintain effective discipline and programming for male prisoners, not because women were deemed as in need of appropriate facilities" (Cooper, 1987:133).

The administrative neglect of imprisoned women for the purposes of meeting the "needs" of federally sentenced men was countered by a call from prison reformers for operational autonomy. The construction of a separate womens facility, however, failed to actualize a feminized correctional policy since the administrative offices of the women's prison remained located in Kingston Penitentiary for Men. Prison reformers maintained that separate prison facilities were required to protect women from men's sexually corruptive manner, and also to provide the more feminized treatment that only women could administer. In an effort to assert the differential "needs" and experiences of women in prison, reformers like Elizabeth Fry volunteers became "their sister's keepers" (Freedman, 1981) rather than their liberators. A tension developed between domesticity as a means of reform or as a method of discipline. Prison reform thus proved to be symbolic rather than substantive in nature.

Domesticity as regimentation masked the control of women by women. Unaware of their powerlessness, women were seldom antagonistic. The rhetoric of sisterhood, moreover, may have convinced some inmates that institutional controls were indeed for their own good (Freedman, 1983:101).

The construction of the present Prison for Women in 1934 was architecturally at odds with the penology of that era. Although incarcerated women throughout most of North America were typically held in wings within men's prisons, separate facilities tended to be campus-like with cottage residences or dormitories and less visible security.

From 1900 onwards the trends in the United States had been to build cottage type institutions for women. The Government of Canada's new prison was based on the design of a 19th century male maximum security prison. It contained 100 bar fronted cells, with a wash basin and open toilet in each cell. The perimeter wall was 26 feet of stone with six strands of barbed wire on the top (Watson, 1980).

Prior to the central facility's construction, a majority of federally sentenced female prisoners served their sentences inside men's prisons, such as Dorchester Penitentiary in Nova Scotia and the Lakeside wing of the Oakalla Jail in British Columbia. This allowed the few women prisoners to remain in contact with their families and enabled a cost effective policy to handle a small special "needs" population.

All federally sentenced women were re-located to Kingston in 1934. The first government commission recommending its closure, the Archambault Report, was released in 1938. The report noted that, "the Prison for Women presented a marked contrast to other (mens') prisons in terms of its inferior conditions" (Government of Canada, 1938:314). The report's findings were premised on the inability of a central prison to provide appropriate programming and treatment given the exorbitant costs required and called for a return to the original method of provincial responsibility for the confinement of female prisoners.

By 1956, new legislation such as the Narcotics Control Act had resulted in a marked increase in the federal prison population. The Fauteux Committee's report (Government of Canada, 1956) called for a new central prison for women to be built where intensive medical, psychological and vocational programmes could be easily offered. By 1960, plans to relocate the Prison for Women to Cornwall or Ottawa were forgotten due to the outcry from these communities. Instead, piecemeal alterations were made within the walls of the existing prison, such as a gymnasium, additional beds, and a classification wing. In addition, the first prison superintendent was hired, although, the Warden of Kingston Penitentiary for Men remained in control of fiscal matters. The Prison for Women attained operational autonomy in 1960.

In 1962 when a Narcotic Addiction Treatment Centre for federal offenders was

opened in Matsqui, British Columbia women were given access to treatment at the "Female Satellite Programme". The Elizabeth Fry Society argued that the coed programme was inappropriate for women and had not been clinically proven to be successful in treating addictions. In addition, the Elizabeth Fry Society called for classification systems reflecting women's potentials for reform, a less repressive environment, and the removal of young offenders from the prison population. Freedman (1981:128) argues that many times the claims of reformers have focused upon the structural process of imprisonment rather than the theoretical frameworks or images of women in prison (Freedman, 1981:128). Prison reform efforts still seemed to be linked to the moralizing of women's mental health "needs".

By 1971, the addiction treatment programme in Matsqui was closed due to an admitted lack of treatment success, and the women in attendance were transferred back to Kingston. Meanwhile, in Kingston, to provide what was judged more appropriate programming for women, a Home Economics Training Cottage was constructed on the grounds of the Prison for Women.

#### Prison as a Site for the Equality of Women

By the 1970's, reform sentiments began to shift from the discourse of women in prison as a population differentiated by their sexual exploitation towards a concern with how to manage the increase in numbers of women being sentenced to prison (Adler, 1975; Chesney-Lind, 1978, Simon, 1975). This increase made the limited resources of women's prisons readily apparent. Critics (Smart, 1976; Bowker, 1978) began to expose the plight of female prisoners as "correctional afterthoughts who were the brunt of correctional sexism" (Ross and Fabiano, 1986:12).

Treatment in correctional institutions was conspicuous by its absence. Treatment staff ... were most often involved in intake testing, court ordered examinations, and ... prescribing medication. Counselling was often a duty of correctional officers who were not necessarily trained and whose primary role was custodial ... tranquilizers may be used instead of programs to help maintain control in an institutional setting ... in many jails religion was the only programme offered (Glick and Neto, 1977).

They have been given the leftovers and hand-me-down facilities and programs designed for men, and when nothing has been left over to hand down, a poor imitation for the model an outmoded version, has been hastily provided, with inferior facilities, less space, fewer programs and at less cost (Berzins and Cooper, 1982).

Simultaneously, an emerging paradigmatic shift in the literature on women and crime challenged how women's crimes were conceptualized. Freda Adler's Sisters in Crime (1975) introduced the "female liberation theory" of women's deviance in an effort to counter the notion of separate spheres entrenched in earlier criminological discourses. In this view, women became criminal because of their increasing access to opportunities in the workplace for fraud and other property offences. Women in prison, therefore, were not to be differentiated from men in terms of propensity towards crime, but rather were to be treated equally.

The focus of reform became placing the correctional "needs" of female prisoners in the context of equality of treatment programmes similar to those found in men's prisons. Prison reformers sought to overcome the neglect of female prisoners by advocating their equality behind bars. A clear illustration of the neglect of federally sentenced women, and a target of reformers, was the lack of appropriate mental health services.

Therapeutic services for female prisoners not officially classified as mentally ill

were primarily provided on the grounds of Kingston's Penitentiary for Men in the Regional Treatment Centre's Female Behavioural Unit; a ten bed unit housed in the east block of the men's maximum security prison. Women were transferred to this neighbouring treatment facility that also confined and treated male sex offenders.

Women were escorted by security staff for their personal safety when moving throughout the institution, such as in the recreational areas. Vocational programs, however, were co-educational.

The small, ground-level range of cells, looking out over a noisy prison compound, is dungeon-like. In its narrow corridors the women sit in small groups sipping coffee or playing cards or just staring at the cement walls and ceilings, which are cluttered with steel entrails of the building's plumbing and heating system (Kershaw and Lasovich, 1991:191).

The Female Behavioural Unit often served as a segregation wing of the Prison for Women as a majority of the female prisoners transferred to the unit were protective custody inmates that could not be housed safely in the general population of the prison. As a result, other women in "need" of mental health programs were discouraged from applying for a transfer. There were also fears of confining women in close proximity to male sex offenders.

In contrast, those prisoners who prison staff considered to be severely depressed, schizophrenic, or simply unmanageable and threatening to others, were sent to St. Thomas Psychiatric Hospital for thirty day assessments. A consulting psychiatrist attended the prison for nine hours each week. He saw an average of 65-70 women on a schedule that ranged from weekly consultations, in a small number of cases, to sessions every two months (Kershaw and Lasovich, 1991:215). Therapeutic programmes available to female prisoners were limited to Alcoholics Anonymous and religious counselling. In short, institutional responses to women's mental health



"needs" were reflective of a neglectful model that typified them as a "footnote" or as requiring traditional treatment within psychiatric settings.

The costs of maintaining an inconsistent response to the "needs" of women in prison were reaching a critical level. Provincial agreements were cancelled due to the rising costs of housing small groups of women serving lengthy sentences. All federally sentenced women were once again returned to Kingston. This contributed to a new and eclectic inmate population that included Doukabour women prosecuted for their acts of civil disobedience and women who had participated in addiction treatment programmes in Matsqui B.C. This new diversity and lack of firm policy initiatives to effectively confine and treat female prisoners led to a discussion of women's corrections in the reports of five government commissions: the Royal Commission on the Status of Women (1970), Clark Report (1977), MacGuigan Inquiry (1977), Needham Report (1978), Chinnery Report (1978). Various working groups were charged with the implementation of these summations, each a variation of the next.

As each successive report makes clear, the same issues have been evident throughout the century: the neglect of women offenders in terms of adequate accommodation and programming because of their small numbers; their geographical isolation resulting from the size of Canada as well as there being only one federal institution; the resulting difficulties imposed women and their families; the application of policies and programmes based upon male offender populations, particularly in terms of security; the lack of classification; the failure to provide satisfactory services for specific groups of women (Shaw, 1991-3:22).

The reform efforts seemed limited to the pages of government reports and commissions. Berzins and Hayes (1987) claim that there was no political will to implement the recommendations of these reports because of the general apathy towards female prisoners. However, the issue of the Prison for Women had been a

"political thorn in the federal government's side for many years" (Berzins and Hayes, 1987:165). The National Advisory Committee on the Female Offender was the first policy-making initiative focused specifically upon the "needs" of federally sentenced women. The committee's research revealed that female offenders differed greatly from males in terms of their security "needs", education and vocational skills, and family status. Federally sentenced women were ill served by traditional correctional programmes that treated women as "afterthoughts". However, reforms for correctional policy changes were neutralized by bureaucratic agendas of cost and convenience.

Authorities argued that there was never enough money or female offenders to make reform as inexpensive per capita as it was for the men; it seemed no one cared if we were effective ... (It is) impossible to reform the system from within as the task of planning adequately for the needs of women in conflict with the law could not be done with prevailing constraints ... We realized it was impossible to deal with the hurt and the violence of human persons in a framework based strictly on economics (Berzins and Hayes, 1987:166).

By 1978, women professionals such as social workers, prison staff and lawyers working closely with federally sentenced women began to organize a lobby group called Women for Justice. Fuelled by the failure of the National Action Committee on the Female Offender to implement substantive reforms at the Prison for Women, Women for Justice launched a complaint under the Canadian Human Rights Commission against the Correctional Services of Canada in 1980. The premise of the complaint was the discriminatory treatment and confinement of federally sentenced women. Eleven grounds of discrimination were noted including: a lack of educational, vocational and recreational programmes; a lack of employment and pay opportunities within the prison; no range of security classifications for women other than maximum; poor facilities, especially segregation; inadequate medical and psychiatric services;

and over-representation of men as prison administrators (Berzins and Hayes, 1987:172).

The complaint process was quickly reduced to an individualized and adversarial one. The action taken by Women for Justice was intended to create a process whereby innovative policies that were reflective of a women-centred or pro-feminist approach could be implemented. Instead, the process became one of counting and comparing programmes offered to men and women. The limitations of this strategy overall can be understood in the context of addressing the collective "needs" of women within a doctrine of individual rights premised upon the ideals of gender neutrality.

The findings of the commission upheld all charges of discrimination except for those two dealing with institutional security protocol. In these instances, CSC convincingly argued that security concerns were outside the purview of the commission. No remedies were ordered by the commission, instead the parties were sent to reconciliation to negotiate remedial action (Berzins and Hayes, 1987:173). The "reconciliation" process resulted in minor programming changes such as transferring female prisoners to men's institutions for vocational and educational programmes. Advocates involved have since claimed that it was difficult to remedy systemic discrimination against women in a context premised upon individual action, such as a human rights commission (Adelburg and Currie, 1987). More important to consider are the implications of pursuing gender equality within a prison context.

#### Politicizing Prison Reforms: Shelter Workers Behind Bars

As more and more advocates efforts for reform from within the correctional

system were neutralized by government bureaucracy and fiscal restraints, a strong liaison was developing between programme staff at the Prison for Women and the volunteer sector of the Kingston community. The most significant partnership was between the prison's psychology staff and volunteer counsellors at the local Sexual Assault Crisis centre.

The local Elizabeth Fry Society conducted interviews with female prisoners for their placement at a local halfway house once released on parole. During these interviews staff were told that many women in prison had been sexually abused and assaulted through-out their lives and had received no psychological help in coping with this traumatic experience while incarcerated. In response, the Elizabeth Fry Society of Kingston contended that women's groups within the community could offer valuable models for planning new services with a woman-centred approach, such as those offered by the Sexual Assault Crisis Centre (Berzins and Hayes, 1987:176).

In 1982, the Prison for Women contracted with a clinical psychologist to work one-half day a week with women who were incest victims. The psychologist had an extensive history in the Kingston women's community and was instrumental in further developing the relationship between grassroots volunteer agencies and the Prison for Women. She herself was a volunteer at the Sexual Assault Crisis Centre and identified her clinical work as feminist counselling. It would appear at first glance that a commitment was made to meet the mental health "needs" of federally sentenced women, specifically to those who had been sexually abused. As well, there seemed a growing acceptance of a feminist approach to working with women in prison. However, the tenuous nature of a contractual relationship that can be terminated at any time along with the limited time scheduled to meet with the women in prison made this progressive effort more illusive than practical.

By 1984, the federal government approved an initiative that encouraged involvement of the volunteer sector to expand and improve services to federal offenders (Berzins and Hayes, 1987:175). As a result, the link between the Kingston community's Sexual Assault Crisis Centre and the prison's psychology department became a formal working relationship. Volunteers offered support groups for victims of incest and sexual abuse as well as one-to-one counselling services. The Centre's counsellors entered into a contractual agreement with Correctional Services Canada to provide therapeutic services to women on conditional release. A shelter movement now began to take shape behind the walls of the Prison for Women. Increasingly, what emerged from all this was an image of women in prison as essentially victims of violence.

#### The Life and Death of Marlene Moore : A Coroner's Inquest into the Death of a Prisoner

On December 3, 1988, prisoner Marlene Moore hung herself in the infirmary of the Prison for Women. Her death and the coroner's inquest that followed served as a catalyst for change that moved the site of advocacy and reform from policy papers to the court room. The inquest setting became a forum for re-constructing the imagery of women in prison and the impact of imprisonment upon victims of child sexual abuse. Prisoner advocates now secured legal standing. Most notably the Canadian Association of Elizabeth Fry Societies (CAEFS), became the first prison reform organization to achieve this position in the history of prisoner death inquests in Canada. The goal was to represent Marlene's life and death as a symbol of federally sentenced women by constructing the experience of imprisonment in the context of

childhood sexual abuse and institutional neglect.

In many ways Marlene highlighted the inadequacies and inconsistencies of the system because there was a real person in that damaged shell. You could not, as comfortably as the system does with others, either blame her or leave her to sort it out for herself. That reality kills you. We provide help so badly and we continue to do it badly (Kershaw and Lasovich, 1991:197).

Marlene Moore's life history was a journey of self-destruction and violence. She was first institutionalized at the age of fourteen at Grandview Residential School in Cambridge, Ontario for treatment of self-injurious behaviour ranging from slashing to head banging and rocking. Prior to this, Marlene was held in foster care for running away repeatedly from her physically and sexually abusive family. After her release from Grandview, Marlene used illicit and licit drugs and committed more serious crimes such as robberies and assaults. Over the course of a few years she was repeatedly confined at Vanier Detention Centre and the Metropolitan Toronto Detention Centre where she was involved in a hostage taking and continued to severely self-injure. Eventually, she was sent to the Prison for Women where she was held in either the Regional Psychiatric Centre at Kingston's Prison for Men or at St. Thomas psychiatric hospital as a result of her self-mutilation. The prison psychiatrist at the time stated that Marlene "was an extreme case of an anti-social and borderline personality disorder with which psychiatric treatment had produced very limited success" (Kingston Whig Standard November 25, 1989). It was at the Prison for Women that Marlene was given a hysterectomy at the age of 23 to combat her chronic premenstrual tension and violent tendencies (Kershaw and Lasovich, 1991).

In 1983 an application was made to designate Marlene a dangerous offender after she assaulted a police officer at the time she was on parole after a failed attempt by the National Parole Board to prevent her release on mandatory supervision.

Through-out the hearing, images of Marlene Moore as both bad and sad were presented by the Crown and the defence attorneys.

Marlene's criminal history contained a pattern of repetitive violence that she was a time-bomb who would inevitably explode. In terms of predicting future violence, she was at the highest level of the scale. She is a woman totally out of control as her latest offence occurred only six days after her release to a halfway house. She is allergic to freedom (Kershaw and Lasovich, 1991:127).

A prison term seems to make things worse for her. She has been in prison for seven and a half years. While people with personality disorders don't commonly change quickly they do tend to improve in a caring structured environment. The Prison for Women is a place which would tend to provoke inmates of this type of personality. (Marlene) is much more an emotional causality than a person with a criminal intent desiring to harm other for their own gain. *She is indeed more sad than bad.* (emphasis added) (Kershaw and Lasovich, 1991:133).

Marlene's suicide was the final act of a long and painful existence that was filled with sexual and physical violence through-out childhood and adulthood. While imprisoned Marlene and other problem inmates were often confined in segregation cells to control outbreaks of self-mutilation. These cells "had no hot water or flooring, only concrete. Toilets are rusted out and putrid, bars are painted black in keeping with the punishment theme" (Kershaw and Lasovich, 1991:181). Prisoner committees filed grievances citing the lack of institutional response to the needs of those women who self-injure and the impact of these slashings upon the rest of the population.

The tension at P4W is high. Without a sense of order and confidence that emergency situations will be attended to in a professional, humane fashion, the tension promises to escalate. Women cannot shut out the pain of their neighbours, and each incident threatens to become a contagious epidemic (Kershaw and Lasovich, 1991:181).

Some advocates believed that the death of Marlene could provide an opportunity to expose the neglect of federally sentenced women and how institutional practices had directly led to Marlene's suicide. These advocates considered it important to politicize the treatment of female prisoners in an open forum such as court room which drew media and public attention. "Elizabeth Fry felt a deep obligation to contribute somehow to public awareness of the desperate need for resources to help countless girls and women repair their damaged lives and escape the destructive cycle of abuse and imprisonment" (Kershaw and Lasovich, 1991:197). Throughout the Kingston community vigils and demonstrations were held at CSC's regional headquarters calling for accountability of prison administrators and improved access to mental health programmes for women in prison.

One year after Marlene's death an Inquest was held that granted legal standing to CAEFS. The strategy of the advocates was to link the organization's agendas of prison abolition and sentencing alternatives for women to the impact of sexual abuse and Marlene's death. The Executive Director of CAEFS, Bonnie Diamond stated: "it became obvious that what really concerned us was not so much the death of Marlene but the deterioration process. ... We felt that if you could prevent a young girl who was sexually abused from being incarcerated - and if you could bring to her a type of healing at that time - that would be the biggest contribution we could make" (Kershaw and Lasovich, 1991:202). In reaction to this position, friends of Marlene's refused to appear in court to testify as to Marlene's state of mind while incarcerated because they felt their testimony would be used opportunistically to attempt to further CAEFS agenda rather than to politicize the neglect of women in prison.

The most revealing testimony at the Inquest pitted the analysis of a feminist psychologist against a prison psychiatrist who had both treated Marlene for her self-



injury. The psychologist revealed the lack of resources and long waiting lists of up to eight months for women to see a counsellor, whereas, the psychiatrist stated that resources such as those offered at the Regional Psychiatric Centre's Female Behavioural Unit were made available to the women, yet, they refused to accept them. He testified as to his "ability to single handedly manage a caseload of about 50% of the prisoner population" (Kershaw and Lasovich, 1991:215). In the end, the court proceedings provided a forum for competing claims of women's mental health "needs" to be heard. The imagery of female prisoners as essentially victims, however, may have better served the political interests of the reformers rather than the women.

CAEFS failed to achieve their desired goal of holding the correctional system accountable for Marlene's life and death. Instead her death was ruled accidental and Inquest recommendations called for improved staff support in times of institutional crises. CAEFS chose to focus on Marlene's life in general rather than the events directly leading up to her death, most importantly the use of segregation cells to restrain women who self-injure. This strategy neglected to illustrate the impact of traditional measures of control and surveillance upon women in crisis. In the context of a Coroner's inquest jurors were left with few facts they could use in determining causes and possible remedies for the problems at the Prison for Women (Kingston Whig-Standard, November 25, 1989).

### The Federal Government's Family Violence Initiative

In 1988, Health and Welfare Canada, in co-operation with the federal departments of Justice and the Solicitor General, spearheaded a five year Family Violence Initiative that was to focus on research, development and delivery of

programmes for victims of family violence and abusers. Research by Correctional Services Canada (CSC) had indicated that a high proportion of federal male offenders had been physically and/or sexually abused, or were abusers themselves. Experiences of abuse were determined to be an important aspect of offender management, treatment, and risk prediction. As a result, a large portion of fiscal and human resources were designated within CSC to implement treatment programmes aimed exclusively preventing family violence and reducing its impact.

For female offenders, the major focus of programme development and delivery was in the area of sexual assault and incest. CSC's Native and Female Offender Unit tendered a contract for an educational programme entitled "Sexual Abuse: Coping Skills for Female Offenders". The programme, designed for both inmates and prison staff, was to focus on the short and long term impact of sexual abuse; anger management and parenting skills; the etiology and nature of sexual abuse; social attitudes towards sexual abuse, including cultural differences; long and short term impacts such as emotional dysfunctions and impaired social interaction; and coping strategies in a correctional setting. The programme was based on the claims that sexual abuse had damaged women's parenting skills, led to drug and alcohol addiction, and left them vulnerable to future victimization.

Research indicates that women, as a result of victimization, which includes many forms of abuse, develop problems such as low self-esteem, feelings of guilt and isolation, lack of trust and hopelessness. A majority of the women misuse drugs and alcohol to lessen their physical and emotional suffering. In order to break the cycle of violence and to prevent the abuse of their children, the women should be taught coping strategies. They must learn how to defend themselves against continued abuse, to learn effective means of dealing with anger and frustration, and to deal with their children's behavioural and adjustment problems without the use of violence (Correctional Services Canada, June 25, 1988).

Agencies and organizations invited by CSC to bid on the contract included various university psychology departments, Elizabeth Fry Societies in Kingston and Ottawa, and the Sexual Assault Crisis Centre (SACC) in Kingston. The contract was awarded to SACC, a collective volunteer-based women's organization at which two of the prison psychologists were volunteers.

In addition to this Initiative, CSC's Health Care Services struck a Task Force on Mental Health to evaluate the prevalence of mental disorders amongst federal inmates. A survey was conducted at the Prison for Women and its findings and recommendations submitted to the Task Force on Federally Sentenced Women. The survey found that women offenders overall show "a substantially greater level of disturbance than the male offenders; twice as high in the areas of schizophrenia, major depressive episodes, anxiety and phobic disorders, psycho-sexual dysfunction, and post traumatic stress disorder" (Correctional Services Canada, 1990:3). In addition, substance abuse rates, particularly of barbiturates and amphetamines, were higher among women than men (see Figure 3).

These findings present a mental health profile of female offenders that is distinct from male offenders. Note that this study was conducted *after* the Survey of Federally Sentenced Women in which a disproportionate number of women in prison had indicated being sexually and physically abused. That survey allowed consequent researchers to "contextualize" their findings. Also, the research design of the Mental Health Survey was a Diagnostic Interview Study in which respondents answered questions about their own mental health. Given that women are more likely than men to be candid about their personal lives and also have in greater likelihood been diagnosed and treated in the past, I would argue that they are likely to be more familiar with the terminology of the survey than would be men.

Still, it would appear that federally sentenced women demand unique, yet, intensive therapeutic intervention. Based on this survey, recommendations were made that an alternative approach to mental health programming for women be developed. However, the influence of the Family Violence Initiative and the women's stories of their victimization was apparent in the therapeutic framework of analysis and intervention that resulted at the Prison for Women.

Out of the Family Violence Initiative and the Task Force on Mental Health there emerged a form of *feminist positivism*, a clinical framework identifying the psychopathology of the female offender with her victimization. All categories of mental disorder on which women scored significantly higher than men can be constructed as symptomatic of childhood sexual abuse (see Figure 3). For example,

The percentages of women with psychosexual dysfunction and ego-dystonic homosexuality, compared to the men indicate a serious level of psychosexual distress among the female sample ... The percentage of women with Post-Traumatic Stress Disorder is also very high and in most cases, the incidence of this disorder is due to early and/or continued sexual abuse, physical abuse, and sexual assault (Correctional Services Canada, 1990:3).

Feminist psychologists have reinterpreted traditional clinical measures in the context of victimization to explain women's offence histories, institutional behaviour, and to predict their risk to re-offend. This "feminized" clinical framework has created strategies and principles of therapeutic intervention for federally sentenced women that seem to essentialize them as "damaged" by their victimization.

### Conclusion

The images of federally sentenced women have shifted from immoral, to

neglected and vulnerable, to damaged. Each shift has been mirrored by attempts of prison reformers who have articulated differing claims as to the "needs" of women in prison, and constructed an *essential* federally sentenced woman.

Early prison reformers sought to prevent the sexual exploitation of women by advocating domestic skill training programmes and feminized treatment of prisoners. Instead, domesticity became a means of discipline and placed prison reformers in the position of keeper rather than liberator. Later, in efforts to overcome the systemic neglect of female prisoners, advocates charged CSC with sexual discrimination; the Canadian Human Rights Commission was seen as a tool for prison reform to improve conditions of women's confinement, especially the lack of appropriate treatment programmes. Unfortunately all that was achieved was improved access by women to men's treatment programmes, rather than a reconceptualization of a therapeutic approach.

Frustrated by the apathy of government to address the needs of federally sentenced women, reformers began to work with grassroots women's organizations. Rape crisis centres and transition houses for battered women became actively involved in prison programme delivery under the direction of a prison psychologist who understood women's mental health "needs" in the context of their experiences of sexual and physical violence. Women's vulnerability to victimization became the focus of the therapeutic framework. How then has this evolution of mental health programming at the Prison for Women influenced the strategic delivery of feminist therapy?

FIGURE 3

**INCIDENCE OF MENTAL AND BEHAVIOUR DISORDERS  
FOR FEDERALLY SENTENCED OFFENDER POPULATION**

| <b>DISORDER</b>                  | <b>MALE</b> | <b>FEMALE</b> |
|----------------------------------|-------------|---------------|
| <b>Major Disorders</b>           |             |               |
| Organic Brain Syndrome           | 4.3         | 3.9           |
| Schizophrenia                    | 4.9         | 13            |
| Mania                            | 5.7         | 9.1           |
| Major Depressive Episode         | 21.4        | 49.4*         |
| Dysthymic Disorder               | 14.3        | 24.7          |
| Bipolar Disorder                 | 3.6         | 7.8           |
| <b>Other Behaviour Disorders</b> |             |               |
| Panic Disorder                   | 3.7         | 13.0          |
| Generalized Anxiety              | 46.7        | 55.8          |
| Agoraphobia                      | 13.8        | 41.6*         |
| Phobia                           | 28.3        | 62.3*         |
| Obsessive-Compulsive             | 8.7         | 14.3*         |
| Somatization                     | .6          | 3.9           |
| Psychosexual Dysfunction         | 23.1        | 55.8*         |
| Transsexualism                   | 1.0         | 10.4*         |
| Ego-Dystonic Homosexuality       | 2.1         | 13.0*         |
| Bulimia                          | -           | 4.0           |
| Anorexia Nervosa                 | -           | 6.5           |
| Post Traumatic Stress            | -           | 29.9*         |
| Antisocial Personality           | 75.4        | 59.7          |
| Alcohol Abuse/Dependence         | 70.1        | 62.3          |

Source: Task Force on Mental Health Care: Discussion Paper, CSC: 1990.

\* indicate behaviours most common amongst survivors of sexual abuse

## **CHAPTER THREE**

### **METHODOLOGY**

#### **Introduction**

This study of feminist therapy with federally sentenced women originated in 1992 under the direction of the Ministry of Solicitor General's Secretariat, Corrections Branch. The purpose of the Ministry's study was to examine the principles, strategies, and implications of feminist therapy with federally sentenced women and to help CSC develop a pro-feminist therapeutic approach to institutional and community mental health care services for female offenders, as recommended by the Task Force Report on Federally Sentenced Women (Government of Canada, 1990). I was hired as a research assistant to a senior policy analyst to conduct in-depth interviews with feminist therapists in the Prison for Women and the Kingston and Ottawa communities. I conducted nine interviews: five at the Prison for Women and four at direct service agencies, such as a shelter for battered women, two sexual assault crisis centres, and a halfway house for women in conflict with the law.

The interviews with the respondents in the Prison for Women are the basis of my thesis. I critically discuss these therapists' analytic frameworks, principles, and intervention strategies in the context of feminist discourse on women and crime, and mental health and I examine the impact of the prison setting upon the feminist approach.

### Methodological Principles

The principles which guided my research are similar, yet not exclusive to, a feminist methodology. The principles of feminist method are, generally, to recognize the ubiquitous social significance of gender, to value experience over method, to reject the hierarchy of the traditional research relationship, and to adopt the emancipation of the subject as the goal and criterion of validity (Hammersley, 1992:187). Feminist methodologists have argued that traditional social science research methods are typically premised on a masculine discourse of knowledge and power, and do not "recognize knowledge as intrinsically political" (Ramazanoglu, 1992:210). They contend that the very practice of methods that are not expressly feminist is exploitative of women. While I concur with the principles of feminist methodology as outlined above, I do not accept that other approaches to methodology are necessarily sexist or privileged. In particular, a skilled and sensitive ethnographer - feminist or not - can be aware of the ethical issues involved in the research process, including obligations to the people being studied (Hammersley, 1994). The concerns to avoid exploitation and a respect for the person or group being studied is not unique to feminists.

As a qualitative researcher I wished to avoid the inevitable effect of privileging the significance of gender because this strips away other aspects of the context of the phenomenon studied (Hammersley, 1992:191). I agree with post-structuralist feminists that "the politics of gender or sexual difference must be replaced with a plurality of differences where gender loses its position of significance" (Alcoff, 1988).

I would also argue that my use of a methodology that is not expressly feminist does not mean I am imposing a structured process that denies the personal and social contexts of the respondents. I used interviews, allowing the words of the respondents



to lead me and develop my framework of analysis. Interviewing is an effective means of recording people's experiences as well as a complex process of creating intimacy and maintaining objective distance. Indeed, interviewing has been considered by some researchers as a relationship not simply a tool (Oakley, 1981; Devault, 1990). This relationship is dynamic and is influenced by the social and personal characteristics of the participants and the quality of the interaction between them.

Interviewing, particularly in quantitative research, often involves a hierarchical relationship between the researcher and the respondent. Each engages in a specialized conversation disciplined by rules of objectivity to avoid "asking questions back or contaminating the data" (Oakley, 1981:40). To be more sensitive to the filters of gender, class, and culture between the researcher and the respondent, a non-hierarchical relationship can often be established. This involves placing emphasis on listening to what the respondent has to say rather than on a process in which the researcher inflexibly directs the interview (Kohler-Riessman, 1987).

It becomes clear that, in most cases, the goal of finding out about people through interviewing is best achieved when the relationship of interviewer and interviewee is non-hierarchical, and when the interviewer is prepared to invest his or her own personal identity in the relationship (Oakley, 1981:41).

As there were only five women to be interviewed in the prison, my intention was to meet with the respondents on a one to one basis. Once in the prison's psychology department, however, some respondents felt more comfortable with a flexible approach that included group discussions at certain moments. Other respondents preferred meeting in their office with a "Do Not Disturb Sign" on the door. Rather than impose a certain structure that may have diminished the intimacy of the research relationship, I followed the respondents lead.

Meaningful interviews are as dependent on the skills of the listener as they are on the ability of respondents to narrate the stories of their lives. Listening is the first step in the process of interpreting other's experiences. Respondents must be free to go beyond a standard vocabulary and claim more "space" in the interview process. Devault (1990) claims that for some participants there is a need to translate their experiences into a language or vocabulary that is familiar to the researcher. For example, prison psychologists who use prison jargon in their work may avoid such language with outsiders such as researchers. An understanding of prison language is important to me, however, if I am to capture accurately how they manage working in a prison setting.

Transcription and analysis of narratives are dependent upon the ability of the researcher to listen to what is said and to avoid recreating biases and stereotypes. The editing of interview data and the writing of analyses are ways of preserving speech and assigning value to other peoples' stories (Kohler-Riessman, 1987). As a researcher, I try to stay close to the data, to respect the themes that emerge, and to be aware of how my own assumptions might influence how I understand the respondents.

This co-operative relationship begins early in the research process when first contact is made and trust-building begins. Within a prison, this can be a difficult proposition given bureaucratic obstacles of security clearances, regimentation of time, and willingness of respondents to share their energy and time with an "outsider".

## Research Process

### 1. Making Contact

As one wanders about the prison pursuing research hypotheses and preparing fieldnotes, one cannot help but wonder if this is not the part of the voyeur. Constantly deflecting comments from the complaints and accounts of

suffering in order to steer conversation towards tentative hypotheses, one sometimes questions whether this type of research should be done at all (Jacobs,1976).

Research conducted within the walls of a prison often presents serious dilemmas that are not limited only to practical issues of accessibility. The inmate population at the Prison for Women, given its close proximity to urban centres, such as Ottawa, Montreal, and Toronto, and small numbers, is a desirable site for research projects. As a result, the prisoners and staff are an over-studied population that is becoming highly resistant to researchers. Given this mood of reluctance, when I contacted the prison's psychology department to request interviews with the staff, I made sure to present the intent of my work as collaborative rather than investigative. I was fortunate to be able to introduce myself as a research assistant for someone with whom they had already worked and whom they trusted to accurately present their views. I realize now that for the staff of alternative programmes, such as feminist therapy, government researchers are likely to be perceived as threatening. This is particularly the case for evaluation research concerned with demonstrating success in order to recommend continued financial support.

The sample of women that I gathered for the purposes of the original research with the Ministry was drawn from personal relationships within the women's community, and referrals from other researchers working the field of women in conflict with the law. In preparation for my interviews, I conducted a two month literature review focusing on feminist therapy, women and crime, and government reports of the inmate population at the Prison for Women. I became well versed in the language and concepts of feminist therapy. For me what was presented in the literature seemed easy to understand, although, as Watson (1980:443) notes, preliminary data later may seem irrelevant in light of the experiential data gathered. Once inside the prison

context, work of feminist therapists and the concerns of the prisoners seemed more complicated.

Prison research can be as much a voyage of self-discovery as it can be a social science. Giallombardo (1966:216) writes of her experiences in studying the social world of female prisoners, that "researchers much daily negotiate the legitimacy, content and boundaries of their role within a society that is hostile to their presence". Indeed, researchers often readjust the scope and manner of their research agenda to reflect the intricacies of the prison world. The respondents trust of me was conditional at first. In an effort to construct a collaborative relationship, I attended conferences where the therapists presented papers on their approaches to women's mental health. Eventually they decided, amongst themselves it would seem, that I could be sufficiently trusted and our conversations began.

## 2. Interview Settings

The first interview was conducted at a local halfway house for women under sentence in the Ottawa community. The respondent worked both as a full-time in-house counsellor at the halfway house as well as part-time as an incest counsellor on contract with CSC at the Prison for Women. I felt it was important to begin my research in the community so as to have some frame of reference prior to entering the prison and enable me to make the best use of time inside. It also was an opportunity to overcome my nervousness about interviewing before entering the stressful environment of a prison.

Once inside the Prison for Women, the psychology department itself is located in the newest wing, not far from the gymnasium, health care, library, and Case

Management offices. The offices are newly decorated in vivid burgundy and navy tones with CORCAN furniture<sup>4</sup>. There is a small waiting area with a reception desk surrounded by plexiglass. A locked door leads to the offices of the therapists and a common meeting room used for group sessions. Surprisingly, a dog owned by a staff psychologist, roams freely throughout the department. I saw many inmates coming into the psychology department to visit momentarily with the dog.

Two of the therapists were interviewed together in the common meeting room, the other in her private office. In the meeting room, the tape recorder was placed in the centre of the table and women were free to turn it off whenever they wished to. This happened only once when a phone call was received from Segregation concerning a prisoner. As the prisoner's case was being discussed openly with Security, the respondents felt it was necessary that the conversation not be recorded. Throughout this interview two volunteer counsellors came into the room to listen and contribute comments based on their work in the prison. The interview became a roundtable discussion that allowed my questions to emerge within the context of issues raised and helped me to collect richer and more comprehensive data than I might have otherwise gathered.

The interview conducted in a therapist's private office was also tape recorded with her consent and took approximately one and half hours. On her office doorknob outside hung a "Do Not Disturb" Sign taken from a hotel. The office was small but comfortable and decorated with pieces of artwork made by the prisoners, such as sculpture and paintings. The pieces were very powerful images of naked women in chains or embracing children. On her bookshelf were copies of The Courage to Heal

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<sup>4</sup> This is the furniture manufactured by Correctional Services Canada by male inmates at various institutions as part of the vocational trades programme. The furniture is sold to government departments.

and The Dance of Anger<sup>5</sup> along with diagnostic manuals and clinical texts.

The final interview was conducted at the home of a counsellor. This was the most enjoyable and informative interview. Our conversation flowed naturally and honestly, drawing upon the respondent's personal life experiences as well as her honest frustrations of working in a prison.

### 3. Presentation of Self

One of the more difficult aspects of this research project was negotiating a relationship with the respondents that was not coloured by my professional experience as a correctional officer in a men's penitentiary. Generally, the closer a researcher can be to her data the more accurate her analysis. However, interviewing psychologists and counsellors who, as with most prison mental health staff, are at odds with prison security, made this process much more difficult. The relationship between prison psychologists and security is at times strained by conflicting approaches to problem solving and inmate management. I was struck by the possibility of alienating my respondents from a candid discussion about their work once my background was known. I decided, however, that this was a necessary part of myself that they should know. I felt it was too difficult to hide the fact that I had once worked in a correctional environment and had shared similar experiences. When asked about myself, I honestly stated that I had worked for a few years in the correctional system before returning to graduate school. Seldom was there any discussion of this, more just a motion of acknowledgement. Whether this issue tainted the information that was shared with me, I do not know.

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<sup>5</sup> E. Bass and L. Davis, The Courage to Heal. New York: Harper and Row. 1988; Lemer, H.G., The Dance of Anger. New York: Harper and Row. 1985. These are best-selling and controversial self-help books on the subject of adult survivors of childhood sexual abuse.

Prison psychologists and counsellors, in my earlier experience, served the interests of the security staff by mediating difficult situations, providing information about how best to work with certain inmates, and supporting staff through difficult personal crises. However, there was for some officers a degree of mistrust of psychologists who were seen as threats to their control over inmates. I felt at times that this was a class related conflict reflective of the level of education that psychologists attain in comparison to older correctional officers. Most of these individuals started their careers in maximum security penitentiaries managed according to principles of punishment and discipline. As correctional policies have evolved to reflect a more rehabilitative model, some security officers have disagreed with the standards, limitations, and expectations that were placed upon them.

Many times when faced with a hostile or difficult situations with inmates, psychologists were crucial to our ability to resolve the problem. When inmates made suicide attempts, injured themselves, or took cleaning fluids to get high, it was important to provide them with support and safety, yet, to minimize the degree of chaos that ensued. In these situations, I felt that it was beyond my abilities as a security officer and I often relied upon psychologists to resolve a dilemma that appeared to be rooted in a prisoner's emotional problems.

Certain sub-populations of male inmates were also more difficult to manage from a traditional security approach, such as sex-offenders. Correctional officers who were responsible for the safety of protective custody inmates, such as rapists and child molesters, found that balancing their personal opinions and emotional reactions to the crimes with professional responsibilities was sometimes difficult. Psychologists provided security staff with training sessions as to case management strategies for these inmates, as well as general education about how best to approach our biases

towards them.

From my experience, some correctional officers live difficult lives of divorce, alcoholism, and domestic violence. Prison psychologists became part of their support system in dealing with personal crises. For example, one officer's child had been sexually abused by her teacher. During the teacher's trial, the officer was working an armed post and threatened to kill herself with her weapon. Another officer's wife called the prison late one night stating she had been beaten by her husband. In each situation, a prison psychologist responded to the emotional and practical needs of the officers and their families offering crisis intervention or referral.

A difficult obstacle for me to overcome when interviewing the psychologists at the Prison for Women was the polarity between male and female inmates that they perceived. This was most apparent when discussing mental health needs, access to services, and life experiences of abuse and violence. Working with men in prison, even from a security perspective, allowed me the opportunity to learn that men and women in conflict with the law have much in common with each other when looking at life histories of violence and neglect. Male prisoners also contend with waiting lists and limited or inappropriate programming. Even more importantly, men are more likely to be disciplined for their emotional behaviour than are women. Seldom are their behaviours, such as crying, understood in the context of depression or frustration, but rather as acting out and manipulation. When talking with the feminist psychologists about the frameworks of analysis applied to understanding women's experiences of abuse and powerlessness, I held my tongue many times as they polarized men's and women's lives and experiences as prisoners.

On the positive side, however, was my ability to understand their language or "prison talk" through-out the interview. I responded to their statements using the slang



and terminology of prison life in order to encourage them to speak without having to "translate". My background also made it much easier for me to manage the process of accessing the prison and communicating with the security staff there, as I knew the protocol. For example, I knew what I could and could not take into the institution, what times inmate counts were so I could schedule interviews accordingly, and how to interact with inmates as I wandered through-out the institution<sup>6</sup> . I tried to present myself without pretence and to be aware of potential biases so as not to influence my relationships with the respondents throughout the processes of research: making contact, building trust, and interviewing.

#### 4. Interview Process

The interviews were limited to two hours in length given the regimentation of time in a prison setting. Prison counsellors face waiting lists of prisoners in crisis, and requests for parole recommendation reports within strict limits of time and security. For example, one respondent stated that of her entire day, she has contact with only four prisoners; the rest of the day is filled with inmate counts and movement controls for eating and work shifts. Other restrictions placed on the time spent interviewing the respondents are crisis situations. During an interview one psychologist was called to Segregation to see an inmate who was suicidal and also involved in an earlier hostage taking. She returned a few hours later to finish the interview, but was extremely tired. In an effort to make the best use of the little time we had together, I asked a series of straightforward questions about the practical application of her work and asked for referrals to literature.

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<sup>6</sup> My contact with prisoners was infrequent. I did not discuss my research with them, nor did I seek their opinions of the therapy they may have received while incarcerated.

Once time was found for the respondents to meet with me, my initial intention was to allow them to direct the interview. I wished to create an open and candid dialogue that would evolve to a complete disclosure of their work as feminist therapists from each of their personal perspectives.

An interesting observation I made was that respondents seemed more comfortable listening to others than engaging in a conversation about themselves. This was difficult in the beginning, as I did not want to limit any discussion with a litany of standardized questions to direct the conversation. So, on many occasions we ended up looking at each other in silence. I then decided to modify my approach with a few questions in the beginning, such as "What have you been involved in this week?", or "I understand that you are the substance abuse counsellor, how do you spend most sessions with the women?" I found this to be a more effective "ice-breaker" than a general non-directive statement such as "I understand you work from a feminist perspective. Can you tell me about how you see yourself and the principles of your work?" Once a conversation was started, the respondents freely spoke with little need for intervention or redirection. Only after they had finished did I ask for clarification on some points, or further probe some issues that I felt were left unfinished.

Upon reflection, I feel that interviews with two of the prison psychologists in particular were difficult. I found it difficult to build rapport with both of them. They tended to isolate themselves and were reluctant to speak candidly. This could be the result of both my inexperience as an interviewer and their genuine mistrust of researchers. Perhaps my open taking of field notes may have inhibited any meaningful relationship to develop. I tried to maintain eye-contact and open body-language, not to mention a sense of humour. I shared some stories of my experiences working inside as to the frustrations of prison bureaucracy and awkward moments of

dealing with male prisoners. Still, the relationship remained strained.

As the interviews progressed, I was struck by my position as an outsider regardless of well-intentioned attempts to create a relationship that allowed for open and personal discussions. Lofland (1971) discusses "the feelings of marginality, that is anxiety, loneliness and sense of unease that come from being in the world, but not truly of it". The inability to truly share the experiences of the respondents beyond recording their words became apparent as they discussed some more intimate and traumatic events in their work. One counsellor revealed her exhaustion at "sharing the blood and the pain" of prisoners who self-injure. I felt at that moment nothing I had read could begin to reveal the complexity of their work. Cohen and Taylor (1972:186) also speak of "distancing themselves from academic and social discourses despite their familiarity, as they seemed more unreal than the world we just left".

After leaving the prison at the end of the day, I was physically and mentally exhausted. I originally planned to complete all the interviews in two days, but in the end required five days. I would meet with a respondent for two hours then return to my hotel room to listen to the tapes again and organize my field notes before meeting with the next respondent that afternoon. One day in particular I didn't leave the prison, but instead had lunch with the respondents in the institution's cafeteria. By the end of the day I was completely overwhelmed with images and information. Once the interviews were completed, I returned to Ottawa to begin the process of transcribing the interviews and analyzing them to develop some framework of principles and strategies.

## 5. Data Analysis: Accounts of the Respondents

Transcribing my interview cassette tapes provided me with one hundred pages of interview data. I then set about reading and re-reading each interview until themes began to emerge around which the data could be analyzed and presented. I planned to use Glaser and Strauss's (1967) "constant comparative analysis" technique to guide me in building systematic categories in developing a theoretical framework. However, as did Watson (1980:442), I too "found it difficult to follow the recommended strategies for qualitative research and analysis - that is, to slowly systematise observations, to build and refine analytic categories, and to move gradually towards the construction and confirmation of a coherent theoretical framework while the research was still in progress". Each interview presented different notions of feminist therapy and had to be captured independently. However, unifying themes emerged such as frameworks of analysis and guiding principles of feminist therapy.

Through-out the process of analyzing interview data, it is the words of the respondents that construct the images of federally sentenced women and what are perceived to be their mental health "needs". Hammersley (1992) argues that "needs" are a reconstruction or an account based on what we feel and what others say and do. Needs that are ascribed to a group may not match the beliefs of its members. These "accounts" of the prisoners lives reflect the interaction between the respondents as psychologists *and* agents of social control, and their clients as prisoners. As the voices of the inmates are not heard in this study, the meanings and definitions that are presented are one interpretation of the lives of federally sentenced women.

Lyman and Scott (1970) discuss two types of accounts: excuses and justifications. Excuses admit to the badness of one's actions, but not the actor's

responsibility; justifications in contrast accept responsibility but not the badness of the act. In this study, the respondents attempt to justify the acts of their clients through "socially approved vocabularies that neutralize an act and its consequences by assigning a positive value" (Lyman and Scott, 1970:112). The respondents background expectancies or "taken for granted ideas" (Lyman and Scott, 1970:124) of female prisoners influence their interpretation of their clients lives, the representation of accounts, and the construction of "need". These expectancies emerge from a similar professional and educational background. The respondents' vocabularies, for example, words such as "damaged" and "powerless", are from the discourses of the victimization of women and the impact of sexual and physical violence. The respondents accounts then can be understood as "sad tales (that) are a selected, often distorted arrangement of facts that highlight an extremely dismal past that explains the individual's present state" (Lyman and Scott, 1970:122).

### Conclusion

From the respondents accounts of the lives of federally sentenced women, their therapeutic "needs", and the principles and strategies of feminist counselling in a prison setting, emerges the themes that organize the presentation of the interview data. The final thematic ordering of the interview data was based upon the consistency and continuity of concepts and strategies within each interview and amongst them all. I thematically structured each interview by assembling quotes of the respondents under headings that were drawn from phrases or words of the respondents themselves, for example "balancing the powers" or "rules of the game". After completing this first process, I integrated each interview's thematic analysis with

the next, making sure that unique concepts and strategies were presented separately to avoid making inappropriate generalizations.

The themes which structured the presentation of my interview data and my analysis are as follows:

1. Profiles of respondents to illustrate their education, professional, and personal histories;
2. Ethics of feminist therapy and the counselling skills required;
3. The formal and informal organization of the psychology department;
4. The analytical framework that guides the construction of federally sentenced women, that is, the psycho-social impact of childhood sexual abuse;
5. The principles of feminist therapy that guide the intervention strategies;
6. The impact of the prison setting upon the respondents and the prisoners.

An hypothesis that emerges from the data is how has a feminist therapeutic model constructed federally sentenced women? Has it essentialized women's experiences of sexual abuse as a determinant variable of risk and rehabilitation. Is women's victimization a guiding principle?

## **CHAPTER FOUR**

### **FEMINIST THERAPY IN PRISON: FRAMEWORKS, PRINCIPLES AND STRATEGIES**

#### **Introduction**

The interviews conducted with the feminist psychologists and counsellors at the Prison for Women are presented here in a thematic framework that captures the profiles of the respondents and their viewpoints on the required skills and ethics of feminist therapy. Also, the formal and informal organization of the psychology department will reveal the bureaucratic structuring of their services. The analytic framework of each respondent shows how federally sentenced women are constructed, specifically in understanding their violence, self-injury, suicide, fraud, and substance abuse. The principles of the feminist therapeutic model that guide the methods of intervention, such as group-work, crisis intervention, and one to one counselling, will also be presented.

#### **Profiles of Respondents**

Pam<sup>7</sup> is a counsellor at a halfway house for women in conflict with the law. She is also on contract with CSC to provide counselling services one day a week for federally sentenced women at the Prison for Women who have survived sexual abuse. Her work with women in conflict with the law started with the Elizabeth Fry society as an in-house counsellor for federally and provincially sentenced women on conditional

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<sup>7</sup> The names of the respondents are fictitious to protect their anonymity

release. For a period of four years she acted as a National Liaison Worker at the Prison for Women. This position involved meeting with prisoners soon to be released into the community and assisting them in planning their parole. It was here that prisoners confided in her about their sexual abuse. Through working closely with the women in prison and sharing an understanding of their mental health "needs" with the psychologist at the Prison for Women, the respondent began to provide one-to-one counselling and facilitating a support group for survivors of sexual abuse on a weekly basis.

Pam began working in the women's community in the late 1960's in the shelter movements for battered women and sexual assault victims. She has been a part of the survivor movement for women that has grown from the battered women's shelters and Rape Crisis centres to support groups for ritual abuse survivors. It is there that she developed an understanding of the importance of grassroots work with women in crisis. Her own feminist perspective of the needs of women are grounded in her experience as a shelter worker and activist in the women's movement over the last twenty years.

Kim, a staff psychologist, is a clinical psychologist trained at Queen's University. Her work includes conducting intake assessments for Case Management Teams of new inmates; one to one counselling in the areas of sexual abuse; crisis intervention with women who self-injure and attempt suicide; a co-facilitator for a group for women convicted of fraud; and preparing submissions to the National Parole Board.

For Kim, working in Kingston's Prison for Women is similar to psychiatric hospitals given the conceptual framework that is used in controlling or treating women in crisis. Without the support of other feminist counsellors and their sharing of a woman-centred approach to the mental health "needs" of federally sentenced women,



this transition would have been more difficult to manage.

I've worked with women in institutions before I came here, and have decided long ago that maybe part of what I do supports the structure by doing the work and helping women cope with what they shouldn't have to cope with. It's a real dilemma for any feminist. And I certainly wouldn't criticize anyone who would totally disagree with my choice. But at the same time, my decision was that the women are here, and I can't turn my back on them (Kim).

I wanted to come because it was an extension of the work I was (already) doing in women's mental health, but I would have not come alone (Kim).

Karen, a doctoral candidate in clinical psychology at Carleton University, came to the Prison for Women in 1989 under contract to provide counselling to prisoners who self-injured. Prior to this, she worked as a counsellor at the Ottawa Rape Crisis Centre. It was there that she developed an understanding of how women coped with their experiences of sexual violence by engaging in self-injury.

Leslie identifies herself as a feminist counsellor who specializes in the treatment of women who commit fraud. She is currently writing her Ph.D. dissertation on the creation, implementation and evaluation of a counselling programme for female fraud offenders. She first came to the Prison for Women as an intern in clinical psychology from Queen's University. She was hired in 1991 on contract.

Anne describes herself as "growing up poor in a large family where she was the first one to go to University". She feels that being from a working class family is an important part of her work with women in prison as she understands having to struggle to survive. Of all the counsellors interviewed at the prison, she was the only one to discuss the importance of class in her work with women. At the time of this interview she had been on contract at the Prison for Women for six months as the only addictions counsellor providing one-to-one assistance. She stated that one of the

most unique aspects of her counselling approach is that she is not a recovering addict.

Anne has worked in the field of illicit and licit drug addictions for the last twelve years in the Kingston area. After completing her Masters of Social Work, she worked with the Addictions Research Foundation as an intake/assessment counsellor. At the same time she began volunteering with the Sexual Assault Crisis Centre, defining this as the "beginning of my feminism". She became active in the women's community in Kingston and "doing a lot of grassroots work" with the International Woman's Day Coalition, and the Ontario Coalition of Rape Crisis Centres. She researched the connection between sexual abuse and women's addictions and became a training consultant with the Addictions Research Foundation. Her area of specialty was training counsellors to be sensitive to the needs of women with addiction problems, and she became regarded "as the person to address women's addictions issues". She went on to work at a local community college developing and teaching courses on women and their addictions.

All the respondents but one are middle-upper class women, four of five have attained a level of post-secondary education, and three are heterosexual and two are lesbian. Each respondent is Caucasian ranging in age from approximately early 30's to mid 40's. A common characteristic of these women is that they have each been involved in some capacity with the Sexual Assault Crisis Centre or Rape Crisis Centre. This link has had significant impact upon the methods of their work with federally sentenced women.

#### Organization of Psychology Department: Designation of Tasks and Responsibilities

The *formal* structure of the psychology department in the Prison for Women is directed by the same administrative demands of mental health services in any

correctional setting. These services are designed to meet organizational policies of inmate management, assessments of their mental health "needs", short and long term intervention, and the prediction of their risk to re-offend.

The department is staffed by one consulting psychiatrist, two psychologists (one male and one female) and several part-time counsellors<sup>8</sup>. A psychiatrist is responsible for assisting woman who require psychotropic medications and are clinically mentally disordered, as well conducting intake and conditional release assessments of women convicted of violent or more serious offences.

The institutional mandate of psychologists is to provide case management teams with general mental health assessments for correctional programming decisions, as well as to make submissions, as requested, to the National Parole Board in assessing a woman's risk to re-offend. The psychologists also may provide long term counselling for prisoners with serious mental health problems. Initially, the position of staff psychologist was held by a male psychologist. He took an educational leave of absence and was replaced temporarily by Karen. When he returned, Karen was hired permanently as an additional staff psychologist. The hierarchy of the psychology department requires the staff psychologists and psychiatrist to be officially responsible to the prison administration for the provision of mental health services, and the determining the duties of the counsellors.

Counsellors, in contrast, have a limited role in the institutional mandate of the psychology department. Each holds a contractual position to provide educational or cultural activities and counselling services in substance abuse and sexual abuse. They generally are not involved in the prediction of a woman's risk to re-offend, nor in the assessment of her immediate mental health "needs".

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<sup>8</sup> At the time of the interviews (July 1992), 6 counsellors provided individual counselling for sexual abuse survivors, 1 counsellor dealt with substance abuse, and 1 counsellor dealt with fraud offenders; 1 francophone counsellor, 1 black women's advocate, and 1 native Elder also provided services.

However, in the *informal* setting of the psychology department, staff psychologists and counsellors work collectively from a pro-feminist framework in developing and implementing therapeutic programmes. By sharing their individual expertise and experiences working in the community, each counsellor is respected for her ability to work in a specialized area of women's mental health, such as substance abuse and self-injury. Psychologists and counsellors work in support of each other in meeting both the organizational demands of the department as well as the day to day "needs" of the women in prison. This solidarity has proven especially important when administrators have challenged their methods of intervention. For example, Karen was confronted by the Warden after being witnessed hugging a prisoner who had seriously self-injured herself. When asked to appear before the administration to discuss what was understood to be "rewarding inappropriate behaviour", the psychologists and counsellors appeared collectively in her support.

#### Required Skills for Feminist Counselling: Ensuring Quality and Credibility

Working with women in prison is often more difficult and complex than working in a community setting such as a shelter or a crisis centre given the intensive level of "need" for counselling; the potential of the women's assaultive behaviour; histories of long-standing cross-addictions; prior institutionalization; severe personal trauma, and the impact of the prison setting. Karen claims that although informal support services, such as those offered in the community are important resources, this limited notion of feminist therapy as unconditional support and validation is misleading in understanding the intensive long-term counselling that some women in prison require. Feminist counselling in prison recognizes the importance of women being accountable for their behaviour, yet understanding it in the context of their

victimization.

The respondents have developed a specialized body of knowledge and skills that integrates their experiences in psychiatric hospitals and community-based counselling services. The collective organizational structure of community feminist counselling services is recognized by the respondents as an important aspect of sharing knowledge and experience, however, clinical training in psychology and specialized skills of intervention and evaluation of services are also important in order to ensure credibility and quality of services.

I think we've got to go beyond (a simplistic definition of feminist counselling). I think that's too easy. For example, if you've had ten years of experience at a Rape Crisis Centre doing front line counselling, that beats a Ph.D.. But you also need to have been working in a collective and getting feedback from a lot of people (Kim).

Sitting around and sharing the warm fuzzies for six weeks is no good and is grossly inadequate compared to what women's needs really are. We must be more aware of how much more work we have to do as therapists. As a group we've got to work harder than what we're doing and maybe start doing things like evaluating our work. I think we have to evaluate it if we're to survive in a patriarchal structure like CSC (Kim).

Drawing upon her experience as a counsellor in the community with survivors of sexual assault, Karen makes a clear distinction between community-level support agencies for women, such as emergency shelters and crisis lines and the type of intensive long-term counselling that women in prison require. She notes that their experiences create a complex set of practical as well as emotional "needs". She expressed the view that, in the prison, analyses of and responses to women's behaviour must move beyond unconditional validation and towards acknowledging personal responsibility and professional accountability.

From having worked at Rape Crisis centres I think that work of para-professional counsellors, like volunteers on crisis lines who work from a feminist model providing support and validation and information is important. That's their role. But, I think unfortunately that is what has been seen to a large extent as feminist counselling (Karen).

For me that type of counselling (para-professional or volunteer) is very important and valuable, but that's very different from long term counselling (Karen).

Unfortunately, the prison administrators simplistic understanding of feminist counselling and women's mental health "needs" in general has made the counsellors work difficult. Feminist counsellors are perceived to be unconditionally supportive and naive in the ways prisoners behave. When a crisis such as suicide does occur in the prison, counsellors are often held the most accountable for the death of a prisoner.

I think part of (staff attitudes towards the counsellors) is ignorance, part of it is that we're radical. When things are going well and they're not in the press then they'll tolerate us. I suppose that as radicals and when things don't seem to be going well, that we're very easily identified (Karen).

I am trying to think if it's my feminist counselling or just my being a mental health professional. Certainly when I was here I spent a lot of time being called a con lover. In some ways I suppose if I was traditional, I would blend in more. So I guess my feminism is a problem (Karen).

It's a funny thing when there's a crisis, everyone has to run around to trying to point a finger basically. Looking for an explanation from somewhere else for the outbreaks of suicide. But when things are quiet, no one talks about the outbreak of mental health. It's not a concept that we understand. It's like housework. You only notice it when it's not done. So it's kind of the same thing. If everyone is just sailing along, they don't realize that we're working our butts off to keep it there. But if something happens then it's, "how come you did not do enough?" (Karen).

Re-envisioning feminist counselling as more "specialized" can be understood as part of remaining accountable to the women they assist and maintaining their professional integrity. As a result, the standards and skills of feminist counsellors at the Prison for Women have begun to reflect a greater balance between institutional standards of clinical training and grassroots feminist principles.

Aboriginal women want an elder to do the emotional work, as opposed to anyone else, but it is really hard to find an elder trained in psychology or social work, let alone come in on a regular basis no matter what their background is, or a woman. And then there is the problem of having her validated in the eyes of CSC as a counsellor (Kim).

This remark captures the preconception held by the respondents of what the qualifications should be of those who work with federally sentenced women: a clinically trained counsellor, regardless of culture and class.

### Ethics of Feminist Counselling: The Importance of Self-Awareness

The impact of working with women who have survived sexual abuse has led Pam to understand the importance of ensuring her own emotional health and strength. Front line workers with women in crisis, such as in shelters must be aware of how their own personal experiences may intrude upon or limit how they can assist women. Pam claims that if a counsellor is ill-prepared to deal with what she herself is remembering, she is liable to intrude on the counselling relationship.

Part of the ethics of being a feminist counsellor is that I have done some pretty deep soul searching myself to make sure that I am not carrying things that I haven't looked into or else there is a chance that I am not going to be able to stand somebody raising something a little too close to home (Pam).

Part of the commitment to being a feminist counsellor to me is to keep my own strength there. That means taking care of myself too. Some time off here and there because it's just so painful to hear that somebody has been through these things (Pam).

The major part of the work is looking at what I am presenting to someone. I've done that work before, I am a step ahead of the work that I'm trying to do in assisting some one or else I am potentially making mistakes. It's just too important. The same questions I would ask of anyone else I would ask of myself first (Pam).

### Perspective on Prisoners and Their Behaviour: A Feminist Framework

The respondents have developed an understanding of what brings women into conflict with the law that integrates a clinical perspective into a feminist framework. Traditional clinical models used to explain offending behaviour have focused primarily on the experiences of men, or by seeing behaviour as the result of individual characteristics without context or meaning. Instead of applying traditional clinical models to women, the respondents have chosen to use the psychology of women and battered women to explore women's behaviours, such as eating disorders, substance abuse, self-injury, and depression.

We certainly have gotten pretty good at feminist analysis of what brings women into conflict with the law from a psychology perspective. We borrow the literature and knowledge not from male models, but from the psychology of women and battered women, women who are survivors, women who have eating disorders. That whole body of knowledge outside of here is much more relevant than anything from the male offender side (Kim).

Recognizing the gendered differences of life experiences between women and men is an important part of effective correctional intervention. Although male prison



populations report a high rate of childhood abuse, "the incidence rates, alarmingly young ages of abuse, severity of violence used, length of abuse, multiple victimization, and the high percentage of incest survivors distinguish women prisoners from men" (McLean, 1991). Shaw (1992-13) also recognizes the impact of differing gendered realities upon women's vulnerability to victimization, such as child-care responsibilities, economic dependency, isolation, and limited access to work experience or education. Kim claims that the life histories of women in prison are often more closely linked to those of women in the community than of men in prison "in that experiences of rape, re-victimization, and domestic violence are a wholly female experience".

Leslie draws more upon sources such as feminist writings on women's mental health issues, and discussions with other feminist counsellors in the prison and the community. The psychological approaches she has studied, especially behavioural analysis, "tend to go hand in hand with feminist work in terms of being down to earth and letting people do their own work".

Psychology helps in terms of providing a lot of tools, like helping women look at their behaviour and thoughts. But in terms of theory in understanding behaviour, it can be down right detrimental. That's where I think being part of a women's community and reading feminist literature, and talking with other feminists, is what saves us all: how we understand the behaviour, the framework (Leslie).

The interviews provided analytic frameworks of women's violence, self-injury, suicide, multiple personality disorder (MPD) and dissociation, fraud, and addictions. The central theme that emerges is that their behaviours are a means of coping or acts of resistance to the impact of sexual and physical abuse.

## Women and Violence

For Karen, by changing how we define a woman's behaviour, such as her own violence, we radically shift how we understand the appropriate counselling response. Placing a woman's violence in the broader context of what she has experienced, particularly her own experiences of victimization, allows it to become understandable if no less reprehensible.

My analysis may lead me to understand how (violent offenders) got to the point where they are buying into the male model of power – having power over someone ... physical power which is perhaps reminiscent of what their abusers did to them when the abuser had the power. I can have an analysis of that and not condemn her as a human being, and at the same time totally condemn her behaviour (Karen).

When we're politically trying to say that this is all about male violence, well we're talking about male violence translated into women enacting it, that's what it is. We just had to stretch the analysis a little farther that's all (Kim).

This notion of a power imbalance, however, is not expressly "male". Women too can be in positions to abuse and control others, such as children. It is more important to focus on the use of power to control others, as in the prison context, than the gendered distinctions.

By contextualizing a woman's violent behaviour as a response to powerlessness, Karen tries to provide opportunities for a prisoner to re-gain control. For example, when working with a prisoner earlier involved in a hostage taking, Karen demands that she not be handcuffed. Unfortunately for her, other prison staff are reluctant to work in this manner, and may insist upon more intrusive controls.

(Alternately) there's a backlash because of the stands that we take as feminists. For example, if a woman is in

segregation for a causing a disturbance, and I want her down here, I don't want her in handcuffs. They (prison security) see me as crazy as they see her as dangerous and should be cuffed. Probably if I worked from a traditional model, I'd be happy if she was in handcuffs. But because of the work that we're doing, I would know whether I needed her in handcuffs or not (Karen).

Feminists have only recently begun to acknowledge and address the violence perpetrated by women. The respondents have struggled with developing a framework that no longer ignores the realities of women who are violent and their feelings about their own behaviour.

We've come a long way in recognizing things like women can be violent and women can be in battering relationships with each other, viewing those things within the context of that 99% of the violence in their lives has been directed against them, but it doesn't mean that they don't have on-going problems with their own violence sometimes (Kim).

We're not making the excuses that we used to make, or not trying to impose our analysis to the point of not hearing what their current emotional problem is with guilt or fear of their own violence, or own potential. So we handle it differently. We give that area more space than we ever did in counselling before (Kim).

According to Karen, the prisoners themselves spoke of their capacity for violence and frustrations over the lack of therapeutic resources to assist them. This motivated psychologists and counsellors to develop an understanding of women's violence.

I think making blunders in therapy also taught us that we were minimizing women's own violence and what they were saying, "no I really do feel guilty about this". Women feel badly about this. It doesn't work in therapy if you're trying to excuse it away or minimize it. You're totally invalidating where she's coming from (Karen).

The women really felt that we were ignoring their violence as an area to work on. They are coming to us saying, "no I really do have a problem with violence. I have a problem with violence within relationships, and it isn't always me being battered." So it took some blunders before we started to deal with it (Karen).

Feminist counsellors have spent most of their time and energy in the past refuting traditional clinical models that constructed women's violence as madness. In their concern with viewing men's violence against women as central to women's experiences they often ignored women's own capacities for violence.

I think in some kind of desperation of refuting clinical work, or to compensate for the traditional behavioural model, in terms of political education, that sometimes we can miss underneath what's happening (Kim).

Those kind of things (women's violence) felt very dangerous to talk about for years, particularly with certain audiences, and still is dangerous to talk about it. We can't talk about it publicly. The only time I can talk about these more subtle issues is with people who are acquainted with the basic issues (Kim).

### Women and Self-Injury

In contrast with more traditional institutional approaches, feminist counsellors of women who self-injure contend that the purpose of this behaviour is to cope with or reduce the tensions and anxieties of their powerlessness to control abusive situations.

What makes it a feminist intervention is that you're not pathologizing the behaviour; you're seeing it as the woman trying to look after herself. A woman slashes or burns to reduce anxiety. Anxiety reduction is a good thing, it's a health seeking behaviour. Now the way she's going about that is not constructive, but none the less the goal of her behaviour isn't pathological or sick. It's that she has this anxiety and this is a quick way to reduce it. That's the way

that she copes. So I think interpreting it as a coping strategy makes us different (Karen).

The link between victimization, or powerlessness, and coping behaviours such as self-injury is understood by Karen in the context of childhood sexual abuse. As sexual abuse typically occurs in a relationship characterized by dependency and trust, children often blame themselves for the abuse in order to make sense of how this person would want to hurt them. This is also why women often take responsibility for the actions of their abuser(s) and in turn blame themselves. A child survives an abusive situation by dissociating from her body. Her compliance ensures her safety from the abuser's threats of physical harm. It is also important for some children to protect their siblings from abuse, by taking responsibility and control over the situation and allowing themselves to be further victimized.

As childhood sexual abuse continues victims perceive the inevitability of bad things happening to them that are beyond their control. This may lead to moments of extreme anxiety or even a sense of physical numbness. For women in prison who have survived long-term physical and sexual abuse, certain prison conditions, such as lock-downs, strip searches, or confinement within isolation cells can lead to self-injurious behaviour to cope with the anxiety and tensions of imprisonment or to control episodes of dissociation or numbness. Self-injurious behaviour then "is an attempt to control the timing and the extent of the anticipated pain which is seen as inevitable" (Heney, 1990:5) [see Appendix I].

### Multiple Personality Disorder and Dissociative Disorders

Terms such as schizophrenia, psychosis, and neurosis are medical categories that have been used historically to diagnose women for depression or to explain their

substance abuse and rare acts of violence. More recently, Multiple Personality Disorder, or MPD, has been recognized as a Dissociative Disorder in the Diagnostic and Statistical Manual of Mental Disorders–III-R (1987) of the American Psychiatric Association. However, the acceptance of MPD as an identifiable and treatable condition is far from unanimous as it tends to present itself only amongst adult women in therapy who recount memories of extreme and bizarre sexual abuse in childhood.

A lot of the women have what we call dissociative problems, the extreme of that is Multiple Personality Disorder, a real contentious thing in the field of mental health because us feminist therapists made it up (Kim).

The phenomena of MPD and other dissociative disorders, referred to in feminist writing as "splitting", or "fragmenting", "numbing", or "spacing out" (Burstow 1993), have been recognized as a skill that children develop from observing and surviving extreme acts of physical and/or sexual violence. This behaviour enables children to control what they feel or remember, and to transcend the experiences of abuse. Some feminist counsellors have long understood the role of MPD as a coping strategy for women who have experienced intensive abuse, rather than as a "pathology" or "personality disorder".

Multiple Personality Disorder (MPD) is also understood by feminist counsellors as a coping strategy that is necessary for a woman's psychic survival, yet, it is complex and often stems from intensive and more bizarre abuse experiences. For feminist counsellors working with women convicted of violent offences it also creates difficulties in that these women often do not remember committing the offence.

I think the thing that we have to recognize is that we are discovering more and more women in the prison who are victims of ritual abuse. So we're dealing with multiple personality disorder. MPD brings on all types of other problems when a woman has been violent and doesn't recognize her violence – another alter was doing it. It gets

complicated that way (Leslie).

If "multiple personality" is an ability to cope with circumstances that have rendered a woman powerless and vulnerable, then how then does she respond to imprisonment? For example, the institutional policy on strip searching of all inmates upon entering the institution, or confinement to cells that provide no privacy from observations by staff can trigger memories of abuse. If powerlessness to control one's immediate physical safety is conducive to "splitting", is MPD a problem in the prison? If not, why?

Disclosures of sexual abuse amongst fraud offenders are markedly lower than the rest of the prisoner population. Leslie claims, however, that a few fraud offenders have presented behaviour patterns indicative of MPD. For these women, episodes of dissociation and MPD appear as part of their offence patterns. These women state that they cannot remember committing the offence and appear unaware of goods that they purchased with bad cheques or shoplifted. Although this is a new development in understanding women who commit fraud, Leslie now assesses each woman who enters counselling for experiences of dissociation (see Appendix II).

We're looking now at dissociation amongst fraud offenders. Some women who shoplift and less so some women who do fraud with credit cards or cheques, actually kind of space out just before they do it. So they know they are going shopping but the actual shopping is a bit blank to them. Then they'll come home with all these bags and see that they've done it again. Some women, when they shoplift, talk about how they would be depersonalised, far away, and watch themselves from outside their bodies. Just describing really common depersonalization experiences (Leslie).

I have a few clients that I see individually in prison who are very dissociative and who were multiples. That seems to be presumably from being a victim of child sexual abuse. The fraud in that case seemed to be, it was the same in a lot of ways for women who are not that dissociative, a way of

getting power, feeling smart, and taking care of things and making other parts, the alters perhaps, feel better (Leslie).

Leslie claims that dissociation also plays a role in understanding women's fraud in terms of their unwillingness to express anger. These women indicate that at the time of committing fraud they are unemotional, yet, once pressed to fully discuss their experiences, feelings of anger and resentment become clear. Feminist therapists argue that it is important to treat a woman's anger and her reluctance to express it in a context other than her dissociative state. Instead, a gendered understanding and societal acceptance of a woman's anger is needed.

A fraud offender would dissociate when she was angry or pissed off with someone. She would come out and commit fraud as a way of getting back at people in general. Or she would actually defraud people who she was angry at. She would steal their mail, or things like a coffee mug - little things she didn't need (Leslie).

### Women and Suicide

Feminist counsellors claim that it is a woman's choice to stay alive or end her life. They state that they respect a woman's right to control her own body. Karen draws a parallel between the experiences of childhood abuse and imprisonment in terms of the powerlessness of prisoners to control what happens.

I see a link in terms of why a woman would want to suicide. One of the things that I'm looking at now is when a child is abused she is told by the abuser either implicitly or explicitly that "I am abusing you and it's your fault". So typically a child would respond to that by trying to alter her behaviour to get the abuse to stop, like, if I'm a good kid he'll stop abusing me. What that teaches the child at a very early age is that it gives her responsibility for another's behaviour. So you have this paradox on one hand that the child feels totally powerless while she's being abused, and on the



other hand is made to feel responsible for the other's behaviour (Karen).

When you put them in situations like prisons where they feel powerless, their immediate response is going to be to change their own behaviour to try and change what's happening to them. If that doesn't work they feel incredibly unsafe just like they did during the abuse. So often the only way they can get control is by having control over life and death. So suicide may be a way of getting control and feeling safe (Karen).

This provocative framework of analysis clearly isolates child sexual abuse as a guiding principle of understanding women's mental health.

It's the same model I use for other groups of women who self-injure as a result of sexual abuse in childhood and helping them deal with effects of how they can understand their behaviour now in terms of the after effect of child sexual abuse. Helping them to understand how they respond to their environment the way they do, why they get angry or scared and slash when they don't really understand why and they feel like they're crazy. Helping them understand and see that these are very sensible outcomes given what has happened to you (Karen).

### Women and Fraud

From Leslie's perspective, committing fraud is similar to other coping strategies that women use, like self-injury in that they are managing their immediate sense of powerlessness and anxiety. Women may commit fraud to provide for others, to protect themselves from abandonment by loved ones, or to take care of themselves by providing things that make them feel safe and secure.

It's interesting because it's the same thing I would do with self-injury. It is the same model when we deal with that as a coping strategy. Try and help them figure out why she is doing the fraud and the self-injury. Find other things that will help her address those same feelings (Leslie).

It is a coping strategy like slashing or alcohol use. We look at why a person chooses fraud as opposed to those to other ways. We start by framing it as a coping strategy, albeit unhealthy as it gets you into trouble with the law and ends you up here (Leslie).

For some women, however, fraud seems to be a truly instrumental act to provide financial gains, supply a drug habit, or simply to enjoy the good life. They seek power and control of others through materialistic means, as well as to bolster their own self-confidence. Societal messages directed towards women often play an important role in influencing these value systems.

Try and walk them through looking at it, what are the childhood messages, from society, from mother, how does this make you feel, how does this relate to your fraud. So we ask them to do a lot of thinking about the fraud. Some of them hook into childhood stuff and some of them don't. Some of them see more immediate triggers, like how to get ahead (Leslie).

We look a lot at societal messages that women get. We look at some realistic issues like, women and poverty, women and economics, the fact that women don't just have clearly the same access ... (as men) ... to money and power. And these women are clearly going out after money in terms of power and security (Leslie).

### Women and Substance Abuse

There are clear differences between men's and women's substance abuse problems in terms of when and why addictions begin, how it affects their relationships with others, and the stigmas that result. Yet, traditional recovery approaches do not note these differences. As a feminist, Anne understands a woman's addiction in the broader social context of her mental health and history of victimization.

Anne recognizes that a mental health problem, such as depression, is

commonly treated with prescription drugs which may lead to cross-addictions to illicit and licit drugs. Furthermore, women who are chemically dependent are often without support, as their male partners often leave them. In contrast, women are more likely to stay with their addicted partner whether male or female.

I talk about addictions within the context of women's health. I talk about women's mental health and where depression comes from. How being a woman in the world, what the pressures are, how drug use fits in with that. That whole thing about women's reality being different from men's, and that traditionally women have been treated in the same way as men, and we need to recognize that women's problems are different (Anne).

Women's lives are structured differently. For example, we know that women's partners are more likely to leave them if they have a drug problem, whereas, for men, women are more likely to stay with them. So women are more inclined to have less support in their lives. Women whose partners are with them are more likely to have drug problems as well (Anne).

Anne argues that the context of a woman's history of victimization is also important in understanding the reasons for her addiction and the severity of it. Women who are survivors of physical and/or sexual abuse tend to have an earlier age of onset of substance abuse than non-survivors (Groeneveld and Shain, 1989).

In some studies I have read about victims vs. non-victims in treatment programmes, victims are more likely to have used more drugs from more categories of drugs. Women who are classified as non-victims are either using depressants or stimulants, whereas, survivors would use both. I take liberties here and say that I believe that's because survivors "need" drugs to not feel - or tranquillisers, and then drugs to feel-or stimulants (Anne).

From her experience, Anne recognizes that histories of intense abuse and isolation are not unique to women in the prison community. Instead, there is a shared

continuum of experiences common to both women in prison and in the community. Anne argues that this is part of respecting the broader social context of women's lives beyond the criminal justice system and removing the stigma of personal weakness and failure.

With the women that I see at the prison, first of all they are heavy duty drug users, and very chronic users. Usually their problems started back at a very early age. Most of the women are survivors of some kind of multiple victimizations around sexual abuse and physical abuse (Anne).

I think that the drug problems that are here are very severe problems. I've been doing addictions work for 12 years, and I am just amazed when working with women in prison in terms of their needs (Anne).

When you look at drug use and the trends, almost every group of people have decreased their consumption of drugs except women between the ages of 18-29. They have increased. When I read these studies I see themes that make sense to me, so then I can say to women, "what you're describing to me is not unusual, there is a trend here in our society" (Anne).

To better understand women's substance abuse, Anne argues that it is important to recognize the "positives" of using, rather than focusing on the "negatives". For example, women speak of feeling powerful and in control. By respecting a woman's position in the context of a history of repeat victimization, it is easier to understand the motivation to use, and her fear of recovery.

The big mistake that people make is that they always want to focus on the negatives. It's not the negatives that will take somebody back to using, it's the positives. So that's where everything starts getting connected. What I get from the women is "I get to escape from how I feel inside myself, what I get from it is a feeling of power". That comes out a lot (Anne).

Anne claims that women in prison who struggle with their recovery from

addiction tend to be more in touch with their anger than other women she counsels. She sees this as ironic as some women enter therapy to learn how to express their anger. Historically, however, women have been institutionalized for their expressions of anger, and other forms of "unfeminine" behaviour. As drugs and/or alcohol have been used in the past to dull this sense of anger, women must develop new methods of coping with and expressing their feelings that will not place them in opposition to the prison system.

What's difficult for me is that most women go to therapy because they need help in expressing their anger. Women (prisoners) I work with, because they are so able to express their anger, they get into all kinds of trouble. Of course, it can cross a line lots of times. But for many, part of the reason that they're in there is that they have just had it. They've been abused most of their lives, and unfortunately they take some really drastic action in terms of expressing their anger, but even in the day to day life in the prison, they get really pissed off and they let people know. They yell at people and they are in deep shit (Anne).

### Principles of Feminist Therapy

#### Rules of the Game

Anne claims that since some women have been exploited in the past by their therapists when speaking of their abuse, a therapist is responsible for stating at the outset what are her professional boundaries. Women must be made to feel that they are in control and that they are safe to discuss any issue they choose.

The whole connection for me is that they have the control in the sessions. That is number 1. Anything they don't want to talk about, they don't have to. Number 2 if I find, as is the case most of the time, that there has been a history of abuse, I explain to them about boundaries and the fact that I will not violate any of the boundaries that they establish

physically or emotionally (Anne).

For Anne, boundaries also enable a woman to define for herself what she is willing to talk about. She notes that while she may consider working through memories of sexual abuse as an important part of successful counselling, the women she counsels may feel that it is of little importance to them, or they may be unwilling to look at those issues.

I've been working with one woman who is really upset because other women are in rough shape when they work on abuse memories. She asks why she would want to do that. Good point. That's fine, but for some women it is interfering with their ability to stay sober. You have to be respectful of their boundaries, and a woman says that she doesn't want to talk about that, it's alright with me (Anne).

### Women's Lives in Context

From her experience in grassroots women's communities, Pam has developed a framework that places a woman's victimization, addictions, and/or offending behaviour in the social context of her experiences of sexism, poverty, and racism. For example, from her perspective, because women who have survived sexual violence often feel isolated and ashamed, it is important to provide the context of similar experiences shared by other women.

The context of a woman's life serves as a backdrop to better understand her troubled living. For example, multiple personality disorder (MPD), addictions, fraud, and suicide each can be understood as a coping strategy a woman has developed to reclaim her sense of control. It is, in a sense, a health seeking behaviour that is rational in an irrational existence of abuse, dependency and hopelessness. In short, by understanding the context of a woman's life, one can avoid pathologizing and

individualizing her behaviour and the therapeutic intervention necessary.

Suicide and attempted suicide remain a constant challenge for counsellors working within any prison environment. At the Prison for Women, counsellors recognize the impact of childhood sexual abuse as significantly raising the risk of suicide<sup>9</sup>. However, the prison experience of powerlessness and hopelessness, compounded by cultural issues are also to be understood as a part of women's suicide. For native women, the risk of suicide is even greater as the death of a sister in prison is felt as a loss of a family member. The grief and loss is shared amongst the sisterhood and can often lead to many suicides in a short period of time.

The rate of suicidal feelings in here varies over time as you could certainly expect given who the women are and what they've lived through, and what they're currently living through with the incarceration. The frequency of suicidal feelings are very high (Kim).

It was an absolute suicide epidemic here. When you lose a native sister to suicide that's like your family member and you begin to wonder, well why don't I join her. The impact of it just spreads to everyone in the institution, not a single woman is unaffected. After a suicide, women's suicide feelings increase dramatically and for quite a period of time (Kim).

### Balancing the Powers: Respecting What Women Know

Pam has developed an understanding of women's "needs" by learning from the stories they have told of their lives. From her perspective, grassroots feminist counselling is a balanced relationship that is respectful of what women know of themselves and what they require to heal. It is important then for the respondent not to

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<sup>9</sup> Pam was quoted as saying "women in general have a 1:50 chance of attempting suicide in their lifetime. If you are a survivor of sexual abuse in childhood, it raises to 1:5".

be seen as an "expert", but rather as someone who has the strength to listen and support others.

It can become a conversation between two women talking about this kind of thing rather than the separation of the perfect life and messy life. I think that's one of the most effective ways of counselling, although it's got to be done the right way. It is a subject that feminist counsellors should get together on so that mistakes aren't being made (Pam).

We're basically two women sitting down talking, or we're a group of women sitting down to talk about our lives. It is more often for her to have a chance to talk about her life (Pam).

Pam warns that some feminist writings about women's mental health "needs" have become too clinical in their approach and tend to separate or classify women. From her experience in working with women in prison, in the community, and outside the criminal justice system, she states that it is important that women's "needs" are understood collectively rather than individually. "If it becomes an us/them kind of separation then the feminism is lost".

Self-disclosure, or a sharing of personal experiences is a principle of feminist counselling that allows for similarities amongst women to be recognized so to lessen their sense of isolation. Although self-disclosure is a powerful tool in achieving a balance of powers, a counsellor must also be sensitive to where a woman is emotionally and what she can handle. A counsellor, too, must be aware of how self-disclosure influences her own emotional strength, and how much work she may need to do herself before providing support to other women.

From a feminist perspective, a certain amount of self-disclosure is okay so long as it benefits the clients and it's a useful thing to do. It's part of balancing out the power imbalance (Pam).

I do use self-disclosure but I think there is a fine line. Lots of



people use it to do their own work. I have this thing about people who work at the prison who do their own work on the backs of other women (Anne).

For women to overcome their sense of isolation, Pam recognizes self-disclosure of her own personal experiences, when appropriate, of addictions and childhood abuse as a means of creating a balanced and respectful relationship.

I am honest about my life. I am honest about drugs and alcohol. I am not going to spend the whole hour telling her about my life, it just means that if I introduce that then they know they can ask me more about it. In the same way that I can say I was approached when I was six years old and didn't tell anybody (Pam).

#### Balancing the Powers: Establishing Credibility

For Anne, a substance abuse counsellor who is not a recovering addict, it was important for her to establish a sense of credibility with her clients. She felt uncertain if the women in prison would respect what she had to offer them, and recognized that her work with them was conditional upon their acceptance of her. Respect is especially important in prison where inmates are seldom seen as capable of knowing what they need to succeed in recovering from their addiction.

The women really tested me when I first went in there. They said basically if you are not an ex-addict then we cannot learn anything from you. So one of the first things that I said was that I have my own personal and professional integrity, and if after I've been here three months, you feel that I cannot do anything for you, then I'll leave. There was a lot of antagonism initially because of my lack of personal experience (Anne).

As part of working with prisoners in a manner that is respectful of their experiences of confinement and the impact of their abusive pasts, the respondents try

to be recognized as "solid" women in the eyes of the prisoners. Mistrust of mental health professionals in prisons is a common experience as inmates fear that confidentiality is conditional and will be compromised. In efforts to overcome this, the counsellors have attempted to gain credibility with the prisoners by becoming an active part of the institutional world through programmes where their personal experiences are shared. The counsellors are also in the prison throughout the evenings at times when tensions are highest, for example during a lock-down.

We've become more high profile. It took a while for the women to test us. Women will come in now and say, "two or three years ago I wouldn't not have come to see you because I was worried about you chatting to the guards, but if that is what you were doing, I would have found out about it by now". So they know that we're not breaking confidentiality and the respect that we are showing them is genuine. If it were not I'm sure we would have tripped up by now (Karen).

### Leaving the Control with the Woman: Staying Where She is At

Part of what Pam considers a respectful relationship between herself and a woman is allowing her as much control as possible over the pace and agenda of the counselling sessions. In the prison, the pace and agenda are often influenced by how a woman manages her incarceration. It is important that flexibility over the format of counselling sessions be permitted in prison to respect a woman's level of distress, or in contrast her not wanting to speak with anyone for a period of time. This flexibility avoids imposing a "fifty minute hour". Instead, it is important to "stay with the rhythm and flow of their lives" (Pam).

The main thing with feminism is finding out what she need rather than imposing some kind of model. For some the fifty-minute hour just doesn't work, you're never going to get anywhere, and for others that's exactly long enough as it

exhausts them. For some it's in that last half hour, or that third hour that you're really going to get somewhere (Pam).

Once a week works well. It gives women six days in between to think about things, and to think about where they want to take the next meeting, and to have some times off from it ...hopefully (Pam).

If she wants to take a rest and not meet for a while then just because we've met for the past twelve weeks doesn't mean that she can't say she wants to go to the gym instead for a while (Pam).

In the halfway house, as in the prison, the pace of the counselling sessions is respectful of what a woman is coping with. For example, women on parole struggle with finding employment, meeting with parole officers, or attending addiction treatment programmes as stipulated by their parole conditions. Pam argues that women on parole will choose to begin counselling as they face situations that they feel unable to manage on the street. The respondent tries, within the parameters of her responsibility to the National Parole Board, to allow the woman to determine what the issues are and when they will be discussed.

We're very careful about the pace in here (the halfway house). You don't get into a conversation in the middle of the week with someone that might be best left until after they find a job so you are not throwing them for a loop. It's when she wants to talk and what she wants to talk about. And I guess that is one of the most important things about working in a feminist way - pay attention to her - don't assume that you know what she wants (Pam).

Every woman is an individual and this might not be the time she is able to do indepth searching. It's not something that can be put on parole papers as a stipulation. We keep trying to tell the parole board members, "don't put counselling for incest on as a stipulation because women keeping telling us it's like being raped all over again" (Pam).

The agenda of what goes on within the counselling relationship is ideally set by what the prisoner feels is most important given where she is in her sentence. The agenda may be dealing with issues from the past, or how to handle day to day situations in the prison or on the street. The aim is to provide her with skills to deal with these situations independently in the future.

That's the way I work - finding out what's on her mind and working from there. She may go for a number of months where she may be talking entirely about her past before talking about trying to handle situations that are coming up immediately. That's all part of the same thing. What I want is to do is get her ready for any situation she'll meet in the future. So past, present, and future are always interwoven in any discussion (Pam).

One of the principles of feminist intervention is women sharing control within the counselling relationship. By allowing prisoners an opportunity to share in deciding the pace and the agenda of the counselling sessions, they are able to create a therapeutic approach that most accurately reflects their "needs" and is respectful of what they have survived. Traditional approaches to de-escalate crisis situations in prisons, like suicide attempts or slashings have often focused on taking control away from the prisoner and of her immediate environment. For example, a woman would be placed naked in a segregation cell with 24-hour camera surveillance. Feminist counsellors in contrast try to give the woman as much control as possible by allowing her to remain in her own cell. If a prisoner still feels she is unable to cope, the counsellor will have her placed in segregation for her own safety. Again, within this context too, providing the woman with as much control as possible is crucial.

You try basically to not cure and rescue – not run in and say that you have to be totally dependent on me, I'll fix everything for you and keep you alive. One of the basic tenets of feminist therapy is that you empower the woman to do it herself. We work on a woman expanding her ability to cope and take care of herself and keep herself safe (Kim).

Feminist counsellors agree to work at the pace set by the prisoner and encourage her to take control. For example, rather than creating difficult and unrealistic expectations of discontinuing behaviour such as self-injury *before* attempting to unravel its meaning, Kim tries to create alternative coping strategies in the interim that are less harmful. This allows a woman to work in the deeper issues of sexual abuse without being made to feel unsafe or put at risk to relapse.

Because I see self-injury as a coping strategy, I believe that you can't say "well stop slashing because I don't like it. We'll find something to replace it, but until we do just walk around with that anxiety" I accept that women if they've used that coping strategy for a long time it's going to take them time to look at alternative methods. My aim wouldn't be to get all hysterical if they relapsed. I would talk to them about injuring in safer ways perhaps. Some traditional people say "if you self-injure, I won't see you any more". To me that is bizarre. Certainly we work as quickly as we can to find alternative coping strategies. But in the mean time, if she self injures it's not because she is being resistant or is not involved in the counselling but she is coping as best she can (Karen).

Self-injury is a symptom of childhood sexual abuse and cannot be dealt with in isolation of what happened to them as a child. ... You're not going to be able to deal with the self-injury in isolation of dealing with what has created the need for this a coping strategy (Karen).

"Safer" alternatives to self-injurious behaviour like slashing can only be effective once a woman can identify for herself how the behaviour reduces her level of anxiety. For example, Karen states that some women report that it is the motion of cutting, the pain inflicted, or the sight of blood that is crucial to their sense of coping with the anxiety of impending abuse. On this basis feminist counsellors seek to provide a woman with options for coping that are less harmful, yet effective in

preventing a relapse. For example, a tube of red lipstick can be used to imitate cutting or "slashing"; an ice cube held against skin can cause pain, or art therapy using red paints can provide visual relief. Once these alternatives are in place women can work more quickly towards understanding their behaviour.

Based on my experience on the street and it's also true in prison, is that women do not want to self injure. Traditional intervention sees self-injury as this horrible problem and will take five years to deal with it, if ever. My experience on the street has been women who are at the point where they are saying that this is it, this is an issue for me and I want to deal with it. They will deal with it within three months (Karen).

Unfortunately, some women do not feel safe enough to give up self-injurious strategies, regardless of the danger it places them in. For these women, counsellors can only provide the information about ways to prevent infection and loss of blood: keeping "sharps" or cutting instruments clean; cutting away from main arteries; how to bandage a cut; and to know when to seek medical attention. As only the woman can decide when and in what form intervention is possible, a counsellor must respect her decision and insist on keeping her physically safe until she chooses to look at developing less destructive means of coping. According to Karen, for most women who self-injure, the decision to look at their behaviour is made when it stops enabling them to cope, and anxiety escalates to a point where they fear suicide is their only option.

A prisoner's freedom to control the pace and content of the counselling work is also important in empowering her to recognize her own strengths. For example, if self-injury is the reason why a woman is referred to counselling by her Case Management Officer she may be unwilling to work towards stopping it, rather, she chooses to talk about other issues that are more important for her to resolve, such as

practical realities of family relationships and release planning. Since feminist counsellors link self-injury to a woman's sense of powerlessness to control what happens to her, respecting her position realistically in the prison context is the first step towards empowerment.

The thing that we do here that is different or more feminist is that we leave the control with the woman. Ultimately, I cannot decide for her that she needs to work on self-injury. So if I'm working with someone who self-injures, and they say "I don't want to deal with it", that's fine we'll move on to something else in counselling (Karen).

I believe that the woman will deal with it when it's the right time for her to deal with it. Maybe it is a case that she's got to do a lot of other work to get to the point where she can say okay now I'm ready to deal with the fact that I self-injure. The control is left with her (Karen).

### Breaking Down Barriers: The Importance of Information

Pam feels that it is important for women in prison to be made aware of the resources and support services that are available to them in community, such as the Rape Crisis Centres and shelters for battered women. Women's groups in the community should be encouraged to work with women in prison. Even though there are differences that need to be respected, the similarities should be recognized. From her experience, women in prison need to be exposed to the practical realities of seeking out support services so they are better equipped to access them independently. Prisoners also appreciate knowing that they are not alone and are part of a larger community.

So often it seems that help is out of reach to them because they have never been told that they are welcome and they are a part of it. The things that they are angry about are the things that women outside are angry about. That link has to

be made (Pam).

### Tools for Assessment

The tools for assessment that are used by the respondents include: IPC Scales (Appendix III), a standardized clinical test to determine a client's perceptions of their own capacities to limit the influence of others; a Parental Bonding questionnaire (Appendix IV); and a Dissociative Scale (Appendix II).

When assessing prisoners' perception of control over others or the influence of external factors upon their behaviour, it is important to recognize the prison context. It is crucial in this setting that women develop a stronger sense of internal controls rather than control over others so they may practically manage their environment.

There are three sub-scales that are called internal control: the degree to which you think that the control of your behaviour comes from. In other words, do you think you control it? (Leslie)

Internal controls indicates that you have control over your environment: you do something, and there is an effect. Powerful Over Others means that you have control over others in your environment or others have control over you, which obviously there is some degree of truth to that when you're in prison, more so than not. And Chance Factors are that a lot of people think their behaviour happens by chance (Leslie).

We also would expect the women to have a higher sense of internal control than external control because they are in prison, so we don't put as much emphasis on external control as we do the internal locus of control (Leslie).

The reason we use a locus of control scale is because unless there is some degree of belief that your behaviour controls your environment, you wouldn't expect treatment to work. People have to believe that they can change themselves, that things that they do change are going to



impact on their environment. So you want to see their internal locus of control within the range of women in the community. We do see that change – it gets higher (Leslie).

Leslie designed the Parental Bonding questionnaire to assess the childhood experiences of fraud offenders. She stated that a few women who committed fraud reported emotional and physical abuse by mothers rather than sexual abuse, but noted that this connection was sporadic and its impact very individualized amongst these women. Those fraud offenders who feel their relationship with their mother is important in understanding their behaviour want to get approval for being successful - meeting their mothers expectations of worthiness through acquisition of material objects and status.

Another (test) we administer is a parental bonding questionnaire, which asks them to write as a child, what their mother and father were like? Because one of the things we found with the first two groups was that mothers were really rated, compared to community women, as cold and rejecting and very overprotective. So we wanted to collect more information about that, as it is really different for women who commit fraud than for other offenders (Leslie).

At first, although we don't have a huge sample, it (their abuse) tends to involve (sic) their mothers. Really cold rejecting mothers. The women report as children they didn't feel that anything was good enough, they're constantly trying to prove themselves to their mothers. Some of them talk about being physically abused: hit and slapped. For most of them it was emotional abuse (Leslie).

We don't see as much childhood abuse in the background of female fraud offenders which is interesting. In slashing it is my first hypothesis that most of those women have been physically or sexually abused (Leslie).

With fraud it's often more emotional abuse we see. They don't seem to recall at least as much physical or sexual abuse (Leslie).

As a feminist, Leslie struggled to understand and not reject women's stories of their abusive mothers, and to avoid generalizations to other women as to their childhood experiences.

It's hard (to accept it) so we try to address it ourselves, ... we try not to expect all fraud offenders are going to have cold abusive mothers. You know, not wanting to be hearing that, being uncomfortable hearing that mothers were so terrible because we're not suppose to blame mothers. It stunned us at first before we had a hypothesis. We only had 8 women so we started getting into doing a group with those who talked about their mothers. Now we've brought this up to other women and asked them specifically about it, and we often get "my mother was fine, no big deal" (Leslie).

Anne draws upon her earlier experience as an assessment counsellor in the community to develop a comprehensive evaluation of a woman's recovery "needs" that reflect where she is at emotionally, what her practical resources are, and what she is realistically capable of achieving. From this information emerges a definition of a woman's addiction problem that guides the counselling approach.

A technique that I use is seeing where the women are at. One of the main themes that always weaves its way through is the notion of how you define a problem determines the kinds of solutions you seek, and who does the defining determines the response. There are many different ways of defining a drug problem (Anne).

Many people who work in the area of substance abuse, always focus on the negatives - you don't have very high self esteem, you got into trouble with the law because of your drug abuse. That's not my approach at all (Anne).

Basically go back to what it is. Is it serving some purpose and function. What I'm trying to do here is have a better understanding of why you use drugs, what the primary functions are, what are the kinds of things that you get from the drug (Anne).

Substance abuse, in terms of case management assessment tools, is typically considered as indicative of an offender's high risk to re-offend. Anne argues that standard classification of assessment of women in prison by Case Management Teams is often negative in its perception of substance abuse, and disregards how women define their own "needs" to avoid re-offending. For her, it is crucial that women's voices be heard in assessing treatment "needs" and strategies.

Anne and the woman work together to create a comprehensive and in-depth understanding of the addiction. This process explores the connections between a woman's family background, employment and educational history, marital relationships, and mental health history. The purpose of this assessment is to fully understand, from the woman's perspective, what the positives are for using drugs as these are the realities that will bring her back to using. This process also allows her to take responsibility for her recovery.

I try to show a lot of connections throughout the assessment, because women will say "I was so busy getting high that I didn't bother going to school or I lost all my jobs". We go on to talk about marital and family relationships, and look at family history. For many women either one or both parents were drugs users. We talk about how that influenced their perceptions of getting through things in life (Anne).

When women speak of being in control or more able to cope when they are high, it becomes an essential part of assessing a woman's motivation to recover. By becoming fully aware of what a woman has experienced, Anne is able to contextualize the "positives" of using alcohol or drugs with the reality of the "negatives", such as withdrawal, isolation, and illness.

I think if somebody is willing to come and see me, I acknowledge where they are at in terms of wanting to make changes and I help them move to another place (Anne).

I don't challenge women and say that they are not motivated. That is a really punitive approach. I don't treat it that way at all. Instead, I say let's keep going at it and looking at all the reasons why you shouldn't change. I bring in things from the assessment, like "you said it reached a point where you were hiding in your house wondering how you could get drugs, and you went down to 90 pounds, and didn't have a friend in the world. What about that, how does that fit into what it is you're telling me now? (Anne)

We try things out, like control, helping women to become aware of yes it gives you power, but then how do you feel when you're coming down off a run? (Anne)

### Intervention Modalities

#### Peer Support Training

Peer Support Training (PST) was initially developed in a correctional context to control female adolescents "anti-social behaviour", such as self-injury while confined in training schools (Ross and McKay, 1979). On the rationale that young girls self-injured as a way of acting out against authority and could be better assisted by their peers who modelled non self-injurious behaviour, certain girls were trained to model non-aggressive behaviours and to confront others who self-injured. In short, self-injury was understood as a manipulative and attention-seeking behaviour that could be "unlearned".

Peer Support Training in Kingston's Prison for Women challenges this definition of self-injurious behaviour, and other coping strategies that women may use as "anti-social". Rather, prisoners assist each other in coping with stressful realities of prison life, such as lock-downs, loss of parole, or the end of a relationship. Peer support counsellors are inmates who have been specially trained to assist women in

overcoming emotional crises by providing them with support and realistic options to resolve their problems. The goal then is to provide the women with practical means to manage crisis situations amongst themselves, and to provide credibility to prisoners and their abilities to cope independently.

It's a way of giving women more options and to me options equal control. Supposedly peer support would fit if a woman was suicidal, instead of her going to Seg it would be reasonable that a peer support team member could sit with her or spend the night with her (Kim).

### Groupwork

One of the few counselling groups that exist in the Prison for Women is for women convicted of fraud. Leslie believes that this group is possible because the women themselves are more articulate and able to work with each other in establishing rules of confidentiality than are other offenders.

Leslie and Kim both the group in a discussion of their motivations for committing fraud, such as feeling in control. The aim of the group is for women to become fully aware of what puts them at risk to re-offend and a clearer sense of how to prevent that from happening. These insights and new coping skills are developed through exercises such as journal writing. While the women are encouraged to share their work with the group, they are told that this is a personal decision. Leslie claims that the inability to provide absolute confidentiality makes it necessary to give women the option of disclosure or not.

The bottom line is basically to try and help the woman decide what function fraud fills for them, and help them find alternative ways to deal with whatever those thoughts and feeling are. That requires them making the connection back to childhood (Leslie).

Because you're defrauding people there is a sense of real

power: "I'm smart. I'm putting one over on you, I'm confident". So they get a number of positive reinforcements in a lot of ways. So then we have to say, what else can you do in your life that make you feel powerful, smart? ... Let's look at other ways you can achieve that without fraud. How else can you feel good about yourself other than through material things? (Leslie)

We tell them clearly this Women and Fraud group is where we give information and we do ask for written work to be done in between sessions, and we do ask to see it if they feel comfortable. It's not mandatory. We like to see it to give them feedback. We want them to go from this vague sense of "I don't know why I do it, or I do it because I am a greedy woman", to getting much clearer thoughts (Leslie).

#### Crisis Intervention: Providing Support and Creating Opportunities to Take Control

A prisoner's emotional crisis is understood by Leslie in the context of the limited options and lack of information available to her. She claims that it is important to assist prisoners in gaining access to resources so they can take control of a difficult situation.

So many times, a crisis exists because these women lack information. We do our best to use our position at least as not being inmates, to help them get that information. A lot of the crises turn out to be quite easy to handle. It's interesting. Some women just aren't told stuff (Leslie).

Sometimes, because we are feminists, we do much more practical or advocacy work. Like if a woman just got a message that her child was in hospital, I won't sit and say well why are you upset by that, I'll help her get a phone call to the hospital in Saskatchewan. It's just common sense (Leslie).

When working with women in crisis situations, anger is a common emotion that is expressed in the context of feeling powerless to deal with a problem. The counsellors are expected to assist women in problem solving, or provide strategies to

resolve their feelings of anger and frustration that are less self-destructive or harmful to others.

Just let a woman vent so she is at a place where she can start problem solving and realize that it is not the end of the world, if for example she lost her parole decision. I concentrate a lot on what they can do to get power back. I think just being in this institution, women just don't have the power or control over their lives as you or I. I think some of these situations trigger that for them. If I can give them some sense of power and control over, or steps to take. In essence, what can you do to be in control of the situation (Leslie).

A view stated by the counsellors that I interviewed was that they needed to remain realistic about what they can and cannot provide for the prisoner. For these counsellors, a woman's sense of powerlessness and hopelessness in response to losing an appeal or being denied parole is a reality that cannot be minimized.

Being realistic of course because there are often times no great solutions for these women. For example, if her appeal has been turned down on a life sentence, be realistic about it. You have to help her find hope. Like in working with people who are suicidal in here, it's realistically hopeless. I think the important thing is to validate that is hopeless rather than minimize it (Leslie).

A lot of women, after losing an appeal, are at a higher risk for attempting to commit suicide. You do what you can do to provide them with hope that they can make a life in here. Kids are a big thing. Most women will agree to stay alive for short periods of time for their kids. So I'll try to get women to contract for time, if they're suicidal. If I can't get that, I let them know that coercive measures were the last option (Leslie).

Crisis intervention also involves assisting women to cope with their imprisonment as well as their individual mental health "needs". The aim is to empower women by encouraging self-care strategies that are possible in their prison world of

segregation cells, strip searches, and other institutional protocol.

There are principles, like make sure a good part of her safety or self-care strategies are empowering to herself rather than done to her (Kim).

We try to work with women in terms of allowing us to work on and talk about suicidal feelings without panicking, and wanting them thrown into segregation for their good, otherwise we won't be able to do our kind of work. We only break confidentiality when something is absolutely imminent and we cannot do anything else about it (Kim).

Where I take exception to traditional intervention strategies is that they are premised on taking control away from the woman. "You're suicidal that means you're dangerous to yourself so we're going to put you in this nice safe place and strip you of everything and somehow that's going to make you feel less suicidal". It may help some people, I don't know, I only work with women and survivors. What it does for them is that it makes them feel even more out of control which makes them feel even more suicidal. Probably the difference in my intervention strategy when I'm dealing with someone suicidal is that ultimately I may take control, but not right away. I might be forced to in order to keep them alive (Karen).

### One to One Counselling

One to one counselling is the most frequently used intervention modality within the prison<sup>10</sup>. This radical shift in approach away from grassroots group-work and consciousness-raising of earlier forms of feminist therapy is a reflection of the infusion of clinical models and training of the psychologists. As well, in a prison community inmates are often mistrustful of each other and may feel uncomfortable in a group setting. Intrusive controls and a lack of privacy in prison, as well as the limited

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<sup>10</sup> According to Kim, approximately 70% of the women are being seen by a therapist. This unusually high level of prisoner participation in mental health programmes can be explained by the low prisoner to therapist ratio of approximately 20:1.



opportunities for trusting and safe relationships to develop influences the therapeutic relationship. The feminist counsellors must struggle within that context to create a non-hierarchical relationship. Prisoners concerns over the inability to provide confidentiality has limited the counselling work to a more individualized approach similar to traditional therapeutic relationships.

It is generally our view that most of the women's needs in terms of a therapeutic and mental health perspective are for individual confidential safe one to one counselling (Kim).

One to one counselling is preferred to group-work on the basis that prisoners are unable to leave the group dynamic behind. Living in a generalized relationship with other prisoners allows for no truly safe place for them.

The women get different things out of groups but it's a really difficult environment for groups given women all have to live together and a lot of them do not trust, have conflicts with each other, and so on. This is where they can do the most solid work (Karen).

Early feminist critiques of psychiatry (Chesler, 1972; Smith, 1975) argued that the therapist-patient relationship ensured the dependency and isolation of women rather than their empowerment and recognition of shared experiences. Although understanding the prison context is an important part of assessing what women's safety "needs" are, the concerns of one to one counselling, following Chesler, should not be ignored by virtue of its feminist framework. Instead, Chesler argues for a return to consciousness-raising groups of the past that allow women to share their experiences and strategies of survival. Levine (1982) goes as far as to say that "therapy" is rarely necessary for women, rather it is a label that has been attached to feminist consciousness-raising to allow for its regulation and infiltration by professionals.

One to one counselling work with women in prison often includes assisting prisoners to cope with their incarceration, in addition to the problems relating to their offences. As counsellors are responsible for improving a woman's chance at success in the community and to avoid re-offending, it is sometimes difficult to balance these two issues when a woman's need to cope with imprisonment often seems paramount. Counsellors are faced with having to impose "boundaries", or contract for limits on how much time and effort is spent addressing prison life. Leslie claims too that, for some women, prison stressors can become an effective means of avoiding the deeper more painful issues of her past.

We only do that (therapeutic work like dealing with abuse memories) 30–40 percent of the time and the rest of it is institutional shit. Which is real for them and it's valid, and I can't imagine dealing with it myself. On the other hand, it's really tempting to say "Look, I'm here as a psychologist to work on your mental health, I can't spend all my time helping you with things like the fact that your child is in the hospital". But then I think that if my child is in the hospital, that would occupy my time too. So I think we all run this kind of, practical assistance so that they can get to the emotional shit (Leslie).

I sometimes will contract with women if I feel the session is going out of control. I will talk about the prison issues, providing there is time to work on therapeutic stuff. So the first half hour is the prison, the last half is the emotional work, which often tends to be memory work<sup>11</sup> (Leslie).

Also, if I feel the prison stuff is being used to avoid doing the (memory) work because it is so hard to think back on the abuse. I'll push or encourage women to find out why these daily hassles are becoming so overwhelming. So I contract that I'll listen to them problem solve and bitch, but that's not all I do. I expect more and will be demanding (Leslie).

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<sup>11</sup> This term is used in the literature and by the respondents when discussing therapeutic issues of childhood sexual abuse.

### Relapse Prevention (RP)

When working toward release plans for women who commit fraud, the issue of relapse prevention is important given that a majority are repeat offenders. Relapse prevention (RP) has traditionally been used to assist offenders in recognizing and avoiding their personal high-risk situations that may lead to re-offending. Although it has been used predominantly with substance abusers and sex offenders, committing fraud is understood by the respondent to be a habit or strategy that a woman uses chronically. As evident in the high recidivism rates for fraud offenders, this coping strategy is a behaviour that women have received little assistance with in the past.

Basically because there is such a high recidivism rate among fraud offenders, I don't know if it's enough just to have insight. Some women say they don't want to come back sincerely, and I believe them that they want to change, and we've done treatment with them and they've come back. Because you need a lot more. You need skills in addition to not wanting to come back. In that way to me it really is an ingrained habit. It is so tempting to go out and do it because it feels good and provides quick relief (Leslie).

Relapse prevention with women who commit fraud focuses on high-risk situations that differ from traditional RP programmes in that they assess the experiences unique to women. For feminist counsellors, societal messages about women and poverty and their economic dependency are part of contextualizing this approach so as to reflect a woman's experience. These counsellors note that the skills that women require to empower themselves in order to avoid high-risk situations are limited by the social and economic reality of women's underemployment and unemployment

Basically we use a model that is used a lot in psychology: relapse prevention. These women have quite chronic histories. It's a habit; it's something they're really good at using to feel better. So, we encourage them to do a really detailed analysis: look at why you do fraud, how do you feel beforehand, the thoughts going through your head, what situations you're in beforehand. To try to figure out alternatives to that (Leslie).

### Relapse (Re)defined

Anne recognizes that her knowledge of relapse for substance abusers is "steeped in functional analysis"; relapse is an opportunity to better understand a woman's addiction and what she "needs" to fully recover. Rather than consider a relapse as a woman's failure or weakness to abstain, or even as a risk to re-offend, it is an indication of what was overlooked or misunderstood. Triggers, or "high risk situations" that led to a woman's relapse provide important information as to what new skills she requires to be successful in the future. In short, a relapse is a starting point for recovery.

If somebody has a relapse, it's a great thing to work with. Relapses provide great opportunities to look at what the triggers are, what was going on, at what point were you when you were aware that you were going to start using again, what could you have done differently. So I look at it just as an opportunity. I don't see it at all (Anne).

### Advocacy

The respondents claim that advocacy on a woman's behalf is important to allow her behaviour to be placed in context, especially in terms of risk/"needs" assessments for conditional release. Feminist counsellors advocate in various ways, from public education about women's lives, to practical programming suggestions to Case

Management Teams, and submissions to the National Parole Board.

We try to be advocates. Honest and educational in our reports to the parole board members about what the factors are that lead women into conflict with the law. We look into things like why she just didn't leave her battering husband (Kim).

The tendency is so clouded and so damaged about who these women are and what their needs are, that the job of educating people on the basics is another century and half worth of work. That's been so much the predominant problem on the front which we have to advocate (Karen).

Anne sees a need for advocacy given the tendency for prisoners with substance abuse problems to be assigned to specific types of treatment programmes by the Case Management Teams as a condition of their support for parole. Often these programmes are inappropriate for women's needs. For example, a woman may be directed to enrol in a co-educational addiction programme, such as the Northern Treatment Centre (NTC)<sup>12</sup>. Some women refuse to attend this programme because it will further separate them from their family or they are not comfortable in a coed programme for various reasons. Other women, especially lesbians, face greater difficulty accessing treatment programmes than others. Case Management Teams may consider a woman's learning to interact with men as a recovery issue. Anne argues that these women's real treatment "needs" are being ignored and any therapeutic attempts will fail.

A few women have stated to me that wherever they have gone for treatment in the prison they have been given a rough time around the fact that they are in a relationship with a woman. They are told things like, "well you need to go into this programme to learn how to interact with men". This statement usually comes from men who work here (Anne).

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<sup>12</sup> The Northern Treatment Centre is located in North Bay, Ontario and is funded by the provincial government. It provides intensive six months residential counselling for community residents as well as federal offenders.

Anne advocates on behalf of women who have refused to attend NTC to attend other programmes offered in the community such as Women and Sobriety in Kingston. By making treatment recommendations that are expressed in the context of what her assessments indicate about the history of a woman's addictions, the respondent indicates that she can be supportive of the woman, yet, meet the clinical guidelines of the Case Management Team.

I have supported many women in the face of their CO who has been trying to ship them off to a programme that they don't want. I've sat there with them and done everything I could to talk about why it is not appropriate for them (Anne).

So part of what helps me to be an advocate for women is to say, based on their different histories and problems I don't think this is an appropriate referral (Anne).

In summary, while the intervention strategies used by the respondents to assist female prisoners do reflect principles of feminist counselling to a degree, they are more realistically determined by the structure and resources of the prison setting. The respondents try to balance the therapeutic relationship through flexible approaches to participation and shared control of the agenda setting, yet are constrained by waiting lists, professional responsibilities, and limited time.

### The Impact of the Prison Setting Upon the Respondents Strategies

Counsellors working with prisoners often are faced with reconciling what the best strategy would be to assist their client, and the reality of the environment they work in. The prison setting and the institutional expectations of mental health staff to ensure the safety of prisoners from harming themselves or others influence the decisions that counsellors must make when working with women in crisis. For

example, the respondents as feminists must struggle with wishing to respect a woman's choice to end her own life or cope with the tensions of incarceration through slashing, and their professional obligations to keep prisoners alive. Prison counsellors must accept their position as controlling the options available to women, yet, empathize with prisoners' fears of segregation.

The women have structural needs. We need crisis beds that are not in segregation and we've been fighting for that for two years. We should have a crisis bed somewhere that isn't segregated and it's a healing place, so that they can go there and be safe without being treated like they're being punished for being in that head space. They need that desperately (Karen).

One of the problems is that there are lots of women who during their sexual abuse were locked in closets. Put them in Seg and watch the flashbacks happen. So those women know when they are suicidal they may end up in segregation, and will not tell us that their suicidal (Karen).

All the counsellors walk a fine line, because if a woman is suicidal and let's say you do the intervention and you just can't bring her to the point where she's safe, the decision to put her into segregation is done knowing the damage that will do to her mental health. So, you're always weighing the damage that you are going to do by putting her in Seg against keeping her alive. To me those are not decisions that we should have to make (Kim).

Suicide in prison is a difficult experience for all who witness it, especially for staff who are responsible for ensuring a prisoner's safety from harm. Feminist counsellors whose frameworks challenge the traditional approach to suicide prevention of isolation cells and 24-hour camera surveillance, often face harsh criticism for their methods.

Whenever there is a suicide people are so simplistic, they want to look for an easy answer. Staff want to see it as another inmate did it because they don't want any

responsibility or that they've done anything wrong. Everyone is after this simplistic blame thing, then they don't have to worry about how they feel about somebody dying. So psychologically speaking I understand the phenomenon of why that kind of backlash happens, but on a personal level it's just so devastating. We're not naive (Kim).

Leslie states that she recognizes that the position of women as prisoners, and their relative powerlessness to control their lives such as in the instance of losing an appeal or being denied parole, is an important part of the counselling relationship. However, she too is aware of her position and responsibilities as a prison psychologist to keep prisoners safe from harming themselves or others. As a result, some of the principles of feminist counselling may be compromised to meet professional expectations. For example, although feminist approaches to counselling women in crisis maintain that suicide is a personal choice that must be respected, counsellors have their professional responsibility to look after their clients' health and safety. To reconcile this dilemma, Leslie argues that she will try to provide a woman with the most choice possible within the boundaries of her professional responsibility.

For example, if a woman couldn't promise to stay alive until 9 am tomorrow morning, then I'll ask her to make the decision to go to Seg, saying that I am committed to keeping her alive for a few days until she can rethink things. That would be the most invasive thing, and the only time that we would ever take power away from a woman. Often when a woman knows she's not safe she will go to Seg voluntarily because she knows not to trust herself. Prior to that step, we try to get the woman to agree to stay alive, recognizing that it is ultimately her decision to kill herself, it is always an option (Leslie).

Structural limitations also influence the therapeutic approach chosen to assist prisoners, especially those in crisis. Leslie states that a lot of the crisis intervention work is done in segregation cells where opportunities to provide women with



empowering options are limited. When counselling women who are living on the Range or the Wing, it is often easier to meet with them in the psychology department. This provides women with a greater sense of safety and an opportunity to leave the pressures of the inmate world, if only momentarily.

We try very hard to come down here (the psychology department), not to be on the range in front of other women, because there are a lot of demand characteristics about how you must act, and often it's easier if you can get them down here, or somewhere fairly neutral. They usually feel a lot safer here than in other parts of the institution (Leslie).

It's a lot easier working with women on the range or on the wing, but we have to do a lot of our work with women who are isolated (Leslie).

The impact of incarceration, such as the regimentation of time and the hierarchical relationship between staff and prisoners is felt by the counsellors too. Psychologists must manage their caseload and the time they spend with women in accordance with institutional policies of inmate movement and control. For example, inmates are seen for one hour sessions at specific times of the day - between prisoner counts, after medication "parade", and after inmate movements<sup>13</sup>. This structuring of counselling sessions, or the "fifty-minute hour", is also part of the traditional clinical therapeutic relationship.

Generally our sessions are one hour long. It has to be for me because I only have five booking hours a day in between counts and lunches, and then the rest of that time is paperwork or admissions. I need people to leave after an hour. I also have to have that for me. If there were no limits, I think it would drive me up a wall not to have that structure. I need it, so do they. So this doesn't become a place where you can go and talk endlessly. You're here to do some

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<sup>13</sup> Prisoner counts are conducted every four hours where inmates must be in the cells. Medication parades occur once a day in the morning at the infirmary for inmates requiring daily dispensing of drugs. As P4W is a multi-level institution, for security reasons, certain subpopulations of inmates, such as those in protective custody or in segregation, are moved through-out the institution only when the general population is in their cells.

work (Leslie).

Leslie claims that her work is often an extension of the Case Management Team's in terms of providing practical assistance to women. She recognizes this work as a way of emotionally assisting women emotionally who may be overwhelmed by the daily frustrations of prison life.

Compared to other counselling jobs, we do a lot more practical things: getting on the phone and getting information or access to a child. Things that technically fall on the CO's shoulders but they are so busy and just can't get it all done. It adds to so many of the (inmates') emotional problems (Leslie).

### The Impact of the Prison Setting Upon Therapeutic Resources

Prisoners rarely have a choice in terms of the counselling programmes that they can access. In P4W, for example, community-sponsored programmes were at one time used to work with fraud offenders but were discontinued as they were seen as a duplication of services offered in the prison. Leslie argues that an important distinction between the counselling services in prison and those run by a community agency is the setting and opportunity to develop support networks in the community; an important consideration for release planning and parole eligibility.

The women would prefer to go to counsellors or groups on the outside where they are the only inmate with community people. That's unanimous. They really liked that idea of being the only inmate and no one else knows about P4W. They're safe in that group, although they have less in common (Leslie).

I think it would be easier for women to go out into the community, they might leave the institution behind because the counsellor wouldn't know anything about prison, and the dynamic is therapeutic (Pam).

Mental health professionals often struggle with waiting lists and staffing problems. For counsellors at the Prison for Women, the challenge has been to provide accessible and appropriate services to prisoners. In the past, prisoners have had limited access to counselling resources other than those used for release assessments or the prescription of medication. Today prisoners have better access to resources although they still must contend with waiting lists and a limited choice in the counsellor they work with.

Access is better now than it ever has been, but traditionally if a woman has said "I need to see someone more regularly" – we were unable to do that. That's been the frustrating part. A lot of them didn't even ask, gave up asking, or they sat on waiting lists forever (Kim).

Most of us are booked to the hilt so if a woman wants counselling she doesn't have much of a choice of who she can see. Right now the waiting list is only a month to see someone. At times it's been up to a year to be able to do one to one work. My own waiting list is about a year (Kim).

While counsellors try to reach as many women as possible for individual therapy, they also to encourage prisoners to provide each other with supports and resources.

### Fraud Offenders: Women Defining Their Needs

Leslie claims that as with women convicted of violent offences, fraud offenders typically have been overlooked by institutional programming, although for different reasons. Although fraud offenders seldom present behavioural problems while incarcerated, they have a high recidivism rate. However, very little research exists as to why women commit fraud and the counselling "needs" that must be met to help them

remain in the community. It was the prisoners themselves asking for assistance and access to treatment that motivated the development of a specific treatment programme. Although these women tend to be seen by prison security as manipulators or liars given their offence histories, it is important to respect their demands for treatment as means of voicing "needs" that have been overlooked in the past.

Something that I have been hired to do specifically, is work with women who have histories of fraud or shoplifting because that is one of the fastest increasing areas of female crime right now. They have a really high recidivism rate, and they really haven't been offered any treatment in the past. There are all sorts of drug treatment and cog skills, but these don't usually apply to fraud offenders who tend to be fairly well educated. They can get jobs, they're intelligent. They don't have substance abuse problems (Leslie).

For the fraud women actually, they cope really well. They're different in a lot of ways. They have a lot of skills that will stand them in good stead in a prison setting. Their biggest problem is that they're labelled liars and manipulators all of them by virtue of their offences. They are good at deceiving people and lying— that's how they get ahead (Leslie).

They (fraud offenders) are not a problematic population within the institution and as such are not referred by staff like a lot of other women. They came to our attention because they made enough noise. It is probably a combination as they had been making a lot of noise before, saying that they have a right to have their needs met too. "Even though we're not slashing and we're not stringing up, we still have needs" (Leslie).

So they came to our attention because they persevered, they were vocal. And that is all part of their skills – manipulation. What's wrong with being manipulative if it gets you what you want? That was good for them to be manipulative because in a lot of cases these women were not getting treatment. Seeing many of them had been in three or more times in a federal prison, they never got help (Leslie).

In trying to respond the needs of these women, the counsellors had to assess their capacity to work with an additional case-load. It was decided that a group format would be most effective. Although group-work is recognized as an important tool of feminist counselling for sharing information and developing supportive networks, the decision to design a group for Women and Fraud was more a reflection of institutional resources.

We had to rethink providing of services, which is why we went with the group for fraud offenders because the only way we can do it, to justify it terms of human resources, is to treat them as a group because we cannot take on 8 new women. So that was one of the reasons to do it in a group (Kim).

Only a few people at a time could be seen long term. We had a lot of women who put in request forms and then wanted to deal with their fraud histories saying "Look, this is my third time in a federal prison, I think I "need" to deal with this". We kept writing a letter back saying "You're on a waiting list". Eventually we had a few women who became really vocal and said "This is not fair, I have a legal right to be treated – I'm at P4W to be helped" (Kim).

### The Impact of the Prison Setting Upon the Respondents

The impact of the prison setting and the scarcity and poor quality of resources is felt equally by the prisoners and the therapists who struggle to work with women in crisis. Therapists find themselves overwhelmed by the sadness of the prisoner's lives and the lack of support from prison administrators.

It (crisis intervention) is such hard and deeply difficult work, that's why it felt like such a slap in the face to be also attacked by CSC. There was actually an article printed in the Whig Standard in which the Warden was interviewed and she made clear statements about too much therapy in the Prison for Women and that it is causing too much emotional upheaval and suicides. That was devastating for

us on a whole number of fronts. Walking into the prison one day after a suicide and staff saying "so you've done it again, lost another one". They have no idea of what we do (Kim).

But what keeps us sane and what keeps us here is each other. Sometimes we feel like it's a house of cards, that if someone quits we're all going to collapse because we can't take it (Kim).

What allows more feminists in and their being able to survive the place, is each other (Kim).

Given that the agenda and the pace of the counselling relationship are determined by the "needs" of women, Pam states that she is uncertain as to why the prison's psychology department has been accused of failing to prevent crises in the institution, such as attempted suicides and/or slashings (see Kingston Whig-Standard, February 14 1991). From her perspective, the impact of detoxing from drugs and alcohol and strip searches should also be recognized when assessing the reasons for a prisoner's behaviour.

It's been really curious to me and also rather infuriating when things have happened at the prison and the reaction of the people who have never even sat down with us to talk about what we do, and accuse us of stirring things up; that we are possibly responsible for things that have happened (Pam).

It is inevitable when people detox of drugs and alcohol that the memories (of abuse) come back. Most people know that by now. So we know that a new woman coming into the prison is going to go through a lot of things. Just the fact that she is strip searched on the way in, for a survivor is going to unblock memories (Pam).

Kim and Karen have also indicated that mental health staff in a prison environment are often singled out as responsible for failing to prevent suicides and slashings. They are seen as working at cross-purposes with prison security and as a

result are often criticized for escalating or failing to prevent a crisis (Kingston Whig-Standard, February 14, 1991). Karen speaks of how being a feminist is only part of the resistance to her work, she notes that her position as a psychologist or counsellor also dictates the nature of her relationship with other prison staff.

### Impact of the Prison Setting Upon the Prisoners

The strategies and framework of feminist counselling in a prison context can be understood not only in terms of how a prisoner's life experiences have brought her into conflict with the law, but also in terms of how she copes with the impact of incarceration.

The largest portion of psychological treatment efforts at the Prison for Women can be subsumed under two general areas: treatment directed towards changing coping strategies felt to be important in illegal behaviour, and treatment directed toward assisting women in coping with the unique and sometimes damaging aspects of prison life (McLean 1991).

Kim claims that the psychiatric hospitalization and imprisonment of women are means of social control that are damaging rather than rehabilitative. For her, the struggle then is to work with women under these structures.

This budding field of women in psychology was predominantly focused on women under the control of psychiatric institutions and the male medical model. So I have been grappling with those issues and learning how to do therapy with women under those structures. So a prison setting was probably worse but the analogy is the same given its patriarchal structure that imprisons women. A lot of it was familiar (Kim).

So it's every little logistical thing that creates a lot of damage, like the institutionalization of the women, as if they're not damaged enough. So it's not like we can start

with the women and do wonderful therapy like you would on the street. The reality of her day is being incarcerated and trying to stop it (the impact of incarceration) intrudes tremendously (Kim).

I'd say probably 50% of the work that I do with women is counselling for maintenance and coping with being in here. The other fifty percent of it is progress on the issues and problems she walked in with (Kim).

Feminist counsellors consider it important that these experiences are seen as part of a continuum of powerlessness and abuse, rather than separated and prioritized. The prisoners' expressions of frustration and hopelessness are taken not so much as avoidance of "real" therapeutic issues, but rather as a revelation of dealing with institutional problems. Some feminist counsellors argue that they need to re-conceptualize what they define as "abuse" beyond childhood experiences, and to include the impact of incarceration.

Whether it's just trying to cope with the here and now of being in prison, or whether it's also, and these things are rarely separable, or whether it's also the healing process of all the violence in their lives (Karen).

The work that we have to do is just maintaining the woman's ability to cope. It's not like you can go ripping and tearing in there and dig up all this terrible abuse history and work it all through. We don't have the ability to do that very often because of the impact of incarceration (Kim).

### Confidentiality

The respondents claim that women's fears of disclosing personal information to prison and halfway house staff are justified given the repercussions that may result if the information is misunderstood by those not sensitized to its meaning. Women released from prison into a halfway house still struggle with the stigma of "going for



help", and resist establishing a counselling relationship with staff.

I think it (confidentiality) is important too, especially when working in places like the prison and the half way houses which are such controlled environments and there's so little privacy for woman. There are severe repercussions if the wrong information gets out or in a context that it gets taken incorrectly. For instance if it goes to the parole board and the members particularly aren't sensitized or educated about these things, it can have severe repercussions on the woman (Pam).

The stigma is still there for seeing psychological personnel or being on record as going for psychological help. Women have been really badly treated by psychological personnel in the past in the community and in other correctional settings (Pam).

In an effort to work within the limitations of a prison setting and the impact it has upon women's relationships, counsellors try to proactively deal with providing and assuring confidentiality. Prisoners must sign contracts agreeing to speak only within the group about things that are mentioned, and are free to discuss only what they feel they are willing to have known. The counsellors do not pressure inmates, nor make disclosure a condition of the therapeutic relationship, on the basis that only the prisoners can assess their personal safety.

I fear from what I've heard that there is no confidentiality, and it's crazy to expect that there is (Leslie).

We talk about it (confidentiality) up front, we ask the women to sign a contract to make it more real and serious, saying that what is discussed in group will not be discussed outside. Even though everyone is disclosing within the group, in this place, who knows what is going to be overheard (Leslie).

We don't make ourselves the keepers of privacy – we can't. You know these women and if you can trust them, or not – you need to decide if you can say anything in this group (Leslie).

So we say you are the ultimate decision maker in terms of confidentiality, and what you are willing to risk. You know what being in a group in here is all about, I don't. If you don't want to disclose anything, that's fine. We'll accept all levels of participation. We don't push participation. They are the ultimate judges as to what risk they want to take (Leslie).

A lack of privacy too inhibits women's willingness to discuss personal issues, and must be respected by staff. Pam feels it is important to provide both informal and formal levels of discussion so as women can choose which is most appropriate and safest for them. From Pam's perspective, it is important for women to have the access to counselling services outside of the halfway house so as to have a sense of privacy and confidentiality in their counselling relationships. Also, women must begin to develop support systems outside of the halfway house staff so they are better equipped to meet their needs independently in the future.

Because of the lack of privacy from each other, it really is important to have services in the community where women go out and have their own private counsellors so no one knows where they're going, no one knows they're seeing a counsellor. Also, it's important because one day they leave here. We don't want to be the only ones that they've ever talked to (Pam).

At the time of these interviews, psychologists, but not counsellors in the Prison for Women were required to document all conversations with prisoners. Pam says that as a counsellor she feels fortunate to be able to provide a woman with a degree of choice around how the information that is disclosed is to be treated. She states that she is not required to record all discussions with prisoners, and can provide them with a greater certainty of confidentiality that enables them to more freely discuss their experiences.

The more it can be possible for those of us who are working in a feminist way to be able to talk without writing everything down, without keeping files necessarily. Right now at the Prison for Women some of us have to keep files. I think that's good because there are times that helps women who need both formal and informal help (Pam).

There are those of us (in the prison) that work without doing any reports, and the women know that they can come to us and have a basic discussion, a healing discussion ...and it's not necessarily going to be a report that ends up on their CO's desk or at the parole board. We can write a letter of support to the parole board but it's not going to end up being an official psychological report (Pam).

Pam recognizes that for some prisoners, however, formal counselling and reporting procedures are important, and they must be given the choice to work in that manner with their psychologist. For example, a psychologist's report to the parole board documenting the progress and involvement of the prisoner in a treatment programme is important.

For any kind of work in institutions there has to be that combination, so the women should be able to choose what they need (Pam).

I don't have to keep files and I hope that never changes or the majority of women who trust to talk with me won't come, not because they suddenly don't trust me but because of the impositions that have been put on the service that I am able to offer. Because I do not have to record and confidentiality is just so much more available as a tangible thing if they know I can tell them no it's not being written down. It doesn't mean that I don't remember everything that they have told me, it may mean that it's not written down somewhere in a file in the institution (Pam).

They do not have to worry about it being recorded along the way so there is that fluidity of where are we going with this that can happen in the meetings that I have with them (Pam).

Several months after I had completed my interviews, I heard from CSC staff that an institutional directive had been passed that required all treatment staff discussions with inmates - even those with the counsellors - to be recorded. I am not aware of the specific contents of the directive and the extent to which it is followed, but undoubtedly such a change would have significant effects. One might surmise that the administration's rationale for such a policy might be the desire for greater control over both inmates and the counselling staff on the grounds that unregulated discussions compromised institutional security.

The implication of this "honour" system of confidentiality, especially in a prison context, is also one of a lack of accountability. Women's vulnerability in a therapeutic relationship has been recognized by critics of traditional treatment approaches. It would seem, from Pam's perspective, that an abuse of therapeutic powers is not possible in a feminist model. I would agree, however, with Chesler (1972) who states that any therapeutic relationship is fundamentally hierarchical. What is required then is a fine balance between confidentiality and professional accountability, *especially* in an environment of control and discipline.

### Staff Attitudes

The respondents recognize the institutional regime and staff perceptions of prisoners as significant limitations upon their work.

P4W is supposed to be a lot better than provincial settings and its staff are a lot more aware. I still find staff absolutely horrendous. We have the biggest battles with people's attitudes: these are inmates and they're bad. There is very simplistic thinking in people who are attracted to Corrections ... a lot of them are not nice people. They buy an authoritarian model and believe in punishment, their own issues get in the way when they get pissed off at a

woman. They make decisions out of their own personal anger instead of their own professionalism (Kim).

The mentality of people who just cannot see beyond and see what it's like to be another person. What would it be like if I got thrown into segregation from another point of view. All they see is a bad person acting out (Kim) .

These problems are especially true for offender sub-groups, such as francophone women, lesbian women, and women of colour. A majority of federally sentenced francophone women are confined to Maison Tanguay in Quebec; a provincial institution that offers limited mental health, educational, or vocational programming. Unfortunately, francophone women have had to choose between access to services in their own language and the rights of being a federal prisoner, such as conditional release eligibility and conjugal visits. When these interviews were conducted at the Prison for Women, a francophone psychologist was on staff to meet with the francophone prisoners, but was unavailable to meet with me.

Working with visible minority and francophone prisoners is a complex issue that cannot be approached simplistically through representativeness of staff. For example, inquiries into the managing of Aboriginal offenders in the criminal justice system, such as the Donald Marshall Inquiry, have argued that combating systemic racism is not so much a matter of numbers than one of respect and autonomy. The counsellors at the Prison for Women, all of whom were white anglophone women, struggled with their limited capacity to empower women of different cultures, women of colour, and francophone women.

If a black person hears a racist comment on the street that's one thing, but when you're in a position of power over them, racism then has much more power to abuse (Kim).

Where we fall down is with our lack of women of colour in terms of counsellors. We have no native counsellors, per se, we have a liaison worker, but what she does is much

more case management stuff (Kim).

Kim states that from her experience, the counselling "needs" of women of colour in prison are to be understood in the context of their place in white society.

(Black Women) come in with a lot of damage from white society. Their needs are different. They come in with possibly even more difficulty. A lot of the black women haven't really survived the horrendous family damage. A lot of the difficulties that they have had have been interaction with white culture (Kim).

Diana Russell (1986) argues that in the United States black womens' experiences of the trauma of sexual abuse are as severe or more severe than, those of white women. American Black women are more likely to be victimized at a later age for a longer period of time, and subject to greater threats of physical violence than are white women. This suggests that race and ethnicity be considered an important aspect of future research and treatment for survivors.

So we learned this from the women basically. That we were missing the mark with our nice little white middle class feminism. We're still learning to deal with our own racism (Kim).

The attitudes of prison staff towards women, or their lack of empathy, is an important consideration for counsellors who work in a prison setting. Leslie argues that staff comments and attitudes can sometimes exacerbate a prisoner's sense of hopelessness and frustration.

I think a lot of staff minimize the effect of that (an unfavourable parole decision) or not having your lawyer show up when they said they would. You want to see your lawyer because you have all these questions, and he should be fighting for you, and then doesn't show up. So you want to put a phone call through and you're told "no you can't, he'll contact you when he wants to". A lot of people do not appreciate the frustration of that. I don't think they realize it's so devastating (Leslie).

## Conclusion

The interviews present the complexity and the challenges of working in a correctional setting where the respondents must reconcile the "needs" of their clients with the rigours of institutional protocol. Issues of confidentiality for both the respondents and the prisoners, staff attitudes towards prisoners and psychologists, and limited resources influence the strategies developed by the respondents to assist women in coping with their incarceration. The respondents and the prisoners both seem to struggle with being stigmatized by prison administrators as "unmanageable".

When the words of the respondents are read against the backdrop of feminist critiques of traditional therapeutic approaches, one is struck more by the similarities than the contrasts between them. It can be argued that this shift in feminist principles towards a more traditional approach that merges a feminist analysis with a clinical methodology is the result of institutionalization. The principles, analytic frameworks, and strategies of feminist counselling, as described by the respondents, are shaped by the prison protocol and structure.

Institutional protocol, such as security directives and case management policies, have challenged the feminist therapists who seek to work with prisoners in a non-controlling and non-punitive manner. For example, most crisis intervention work takes place within the segregation cells of the prison. Women confined there are subject to twenty-four hour camera surveillance and limited contact with others. If a counsellor wishes to meet with a prisoner, the prisoner is handcuffed. If a woman threatens suicide or engages in self injurious behaviour while on the Range, the counsellors are obligated to place her in segregation "for the good or of the institution".

In many instances, the strategies of feminist intervention draw harsh criticism from prison security and administrators. This has placed the counsellors in an adversarial relationship with other staffpersons. Case management policies impose programme expectations upon prisoners that are unrealistic and potentially destructive. Counsellors must then negotiate a therapeutic approach that reflects the needs of the prisoners and the expectations of the administrators.

The respondents share a similar analytic framework that reflects their experiences in the women's communities and shelter movements. For these respondents, violence against women is the context of women's lives that must be part of any therapeutic approach. Womens' behaviours are means of coping with the impact of sexual, physical, and emotional violence. For women, therefore, the experience of incarceration mirrors the powerlessness of their abusive pasts. Mental health programming in women's prisons must recognize the link between women's victimization and their institutional behaviour.

What is often lost in this framework, however, is the voices of the prisoners themselves. Do women in prison understand their lives in this way, or do they feel unable to speak out against the psychologists and counsellors - demanding a more reflexive approach that meets other "needs", in addition to those of childhood sexual abuse . This is seen in the collective of women fraud offenders who protested against the lack of appropriate programming available to them. Also women convicted of violent offences have articulated that the programming available to them dismissed or denied their actions as being their own. Although women's experiences of powerlessness, such as poverty, isolation, and racism are central in their lives, the respondents tend to view the context of women's lives more narrowly in terms of the effects of sexual victimization.



## **CHAPTER FIVE:**

### **CONCLUSION:**

#### **FEMINIST THERAPISTS AS EXPERTS: THE TRANSFORMATION OF FEMINIST THERAPY FROM THE SHELTER TO THE PRISON**

##### **Introduction**

Historically, the efforts of prisoner advocates have focused on redefining the means and objectives of correctional reforms for female prisoners. The Prison for Women has remained the site for pursuing these changes by various women's organizations, such as the Elizabeth Fry Society and the Women's Christian Temperance Society. The goals of these advocates were originally aimed at the moral reformation of women through domestic training. Eventually, claims were made that the equitable treatment of women prisoners, rather than their differentiation and separation from men prisoners, was the only means by which women would be treated appropriately. Most recently, however, the prison has become a site for the introduction of a feminist approach to mental health programming that reflects the principles of the shelter movement for victims of sexual and physical violence.

The Task Force Report on Federally Sentenced Women, Creating Choices (Government of Canada, 1990) is understood by advocates to be the blueprint for this reformation as it presents the therapeutic, structural, and systemic needs of female prisoners in the context of the brutalizing impact of traditional correctional treatment in the Prison for Women. This report also offered a re-conceptualization of female

offenders by placing their offences in the context of victimization, neglect, and isolation. Women's stories of poverty, chronic cross-addictions to illicit and licit drugs, limited education, and single-parent responsibilities revealed the complexity and challenge of meeting their diverse programming needs. The solutions offered include the closure of the Prison for Women in 1994 and its replacement with community-based regional facilities that would provide therapeutic and vocational programmes aimed at empowering women to achieve independence and overcome vulnerabilities to exploitation and abuse.

The aim of my research was to explore the scope and limitations of feminist counselling with federally sentenced women in a carceral setting. The analytic frameworks of the respondents, that is their understanding of women in conflict with the law, closely resembles the rhetoric or theoretical premise of the Report. Prisoner experiences of sexual and physical violence are understood as the context of women's lives as offenders. I have argued, however, that the essentializing nature of this discourse is contrary to feminist concerns with regard to whether traditional therapeutic models can meet the needs of women.

The opening chapters of this thesis reviewed some of the feminist critiques of traditional therapeutic models and the notion of *essentialism*. A central theme in these critiques is an opposition to the positivistic principles and strategies that are the building blocks of much of clinical psychology. These principles include a putatively value-free approach to science and research, an emphasis on classification (or diagnosis), and control (treatment or other forms of intervention).

Feminists claim that these principles perpetuate the oppression of women because they promote sex-role stereotypes of femininity. They argue that traditional clinical methods are no way value free as they are based on malestream theory and

perception of lived experiences. As a result, a woman's behaviour is seen in comparison to a man's behaviour regardless of how each one's reality differs in privilege and opportunity.

Femininity and masculinity are ways of experiencing the world. They are constructions which are built around anatomical differences, signifying only because they are given significance in the context of power relations that constitute the social environment. Masculine and feminine are subjective positions central to our concepts of self because we are constructed in a world divided along gendered lines, but ... they are just positions, ways of seeing and speaking about what we see. In practice, however, they become fixed: the realities of power bolster the reduction from subjective to objective, from psychological to physical, from gender to sex (Frosh:1992).

Feminist criminologists, too, have long argued against the deterministic logic of gendered theories of crime (Smart, 1976, 1989; Naffine, 1985). However, some feminists have perpetuated this essentialist rhetoric in their own construction of women "based upon the idea of women as the hapless victims of their gender role socialization ... the inevitability of passive and dependent women" (Naffine, 1985:366). Although the feminist position on the impact of malestream science upon women has focused on the clinician and criminologist as "gatekeeper" in the definitional process of mental illness and deviance, feminist theory and praxis, in some instances, has merely replaced one discourse of domination for another.

The substitution of one discourse for another does not necessarily alter the power relationship between the describer and the described, nor does it guarantee any greater degree of control by women over their own destiny (Worral, 1990).

Traditionally, female patients and prisoners were placed in dependent and sometimes exploitative hierarchical relationships, most often with male practitioners.

Women's behaviours were understood largely in terms of their physiology, such as hormonal imbalances, or their emotional and irrational dispositions. By failing to respect sufficiently the impact of social realities such as poverty, isolation, and abuse, clinical psychology continued to individualize and pathologize women's problems.

The very refusal of psychology to be reflexive, to examine its position within the dominant discourse which shapes society, to consider factors such as sexism, heterosexism, class oppression, or racism, allows it to be used for more insidious purposes. To be used as an agent of social control (Ussher, 1992:50).

When there is a disjuncture between the world women experience and the terms given them to understand the experience, women have little alternative but to feel crazy (Ussher, 1992:213).

An obvious contradiction between feminist theory and practice can be seen in feminist clinical psychology. This institutionalization of feminism within psychiatric hospitals, prisons, and private practices has significant implications for the women's movement. To what extent are women being given a voice, and, if so, what voice is being heard? I have argued that the psychologists and counsellors at the Prison for Women have more often assumed the role of experts rather than that of advocates in assisting federally sentenced women.

### Feminist Therapy: From the Shelters to the Prison

Feminist counselling emerged from the grassroots of the women's community in shelters and crisis centres for victims of physical and sexual violence. Victims were proclaimed as the only experts (Loseke and Cahill, 1984). This "lay-counselling" was aimed at empowering women to work together and to share similar experiences.

Consciousness-raising and social action replaced traditional therapeutic strategies of psychotropic medications and shock therapy. The principles of feminist counselling were a commitment to equality within a therapeutic relationship; to bring society into therapy in order to explore women's experiences of sexual inequality; and to publicize and politicize women's experiences through advocacy (Ussher, 1992).

The framework of analysis that guided earlier feminist counselling was the impact of power and inequality on women's lives. Feminist advocates claimed that violence against women was the result of women's inferior social and economic position. Women victims of violence who were silenced by the indifference and inaction of the police and the courts and disbelieved by their doctors began to turn to each other to provide support and alternative resources, such as counselling and underground networks for housing and child protection. Behaviours, such as substance abuse, attempted suicide, self-injury, and eating disorders came to be seen as signs of protest or resistance to their powerlessness.

The shelter movement for battered women and victims of sexual assault was begun primarily by university educated white middle class women who provided services for a very select group of women: their own peers. Few women of colour, working class women, or women released from prison had access to these services. With the increased awareness of the diversity of the women's community, the lack of services outside the net of social welfare agencies for these sub-groups of women was criticized.

In the 1970's and 1980's, the surge of feminism in academia and the professions created a movement within institutions such as the courts, hospitals, and prisons that challenged the treatment and confinement of women. Female professionals became "radicalized" and politicized. By acknowledging the

connections between women's imprisonment and hospitalization and their inferior social position, feminists began a shelter movement within prisons and psychiatric hospitals which had a significant impact upon women both as "clients" and as "therapists".

This thesis has focused specifically on the dynamics of the psychology department in the Prison for Women. Each respondent provided a snapshot of their principles and practices of feminist counselling in a prison setting. What emerges from their words is a theory of women's deviance and mental health that essentializes the impact of childhood sexual abuse and portrays the feminist therapist as an expert.

#### Feminists as Experts and Their Accounts of Federally Sentenced Women

Feminist therapists as mental health professionals have made claims of expertise as to the treatment of women's mental problems or deviance. These claims involve complex theoretical explanations that construct the identity of a client and the meaning of her behaviour and influence the design and administration of treatment programmes (Scott, 1970:257). This process is what Lyman and Scott (1970) call the "professionalization of knowledge", and has significant meaning to the study of feminist counselling.

The most common claim made by feminist therapists is that women's troubled lives are a result of pervasive interpersonal violence. The victimization of women has created a movement within the mental health community that links behavioural problems to the impact of sexual and physical violence, and emotional abuse. The accounts women give of their own lives can be understood by the therapist as justifications - or rational explanations, or as excuses - explanations that relieve them

of responsibility. The respondents' accounts of the lives of federally sentenced women seem to indicate that women's actions are justified, therefore, rational in the context of victimization.

I see a link in terms of why a woman would want to suicide. One of the things that I'm looking at now is when a child is abused she is told by the abuser either implicitly or explicitly that "I am abusing you and it's your fault". So typically a child would respond to that by trying to alter her behaviour to get the abuse to stop, like, if I'm a good kid he'll stop abusing me. What that teaches the child at a very early age is that it gives her responsibility for another's behaviour. So you have this paradox on one hand that the child feels totally powerless while she's being abused, and on the other hand is made to feel responsible for the other's behaviour (Karen).

It's the same model I use for other group of women who self-injure as a result of sexual abuse in childhood. Helping them deal with effects of how they can understand their behaviour now in terms of the after effect of child sexual abuse. Helping them to understand how they respond to their environment the way they do, why they get angry or scared and slash when they don't really understand why and they feel like they're crazy. Helping them understand and see that these are very sensible outcomes given what has happened to you (Karen).

Loseke and Cahill (1984) argue that the vocabulary of motives used by experts in accounting for women's behaviours as justifications rather than excuses is a means of assigning non-deviant labels and crediting women with their own interpretations of their experiences. However, the words of the respondents in this context reveal a vocabulary that is limited by the exclusivity of their client-base and professional experience of working with victims of sexual and physical abuse. Although the intention of normalizing women's behaviours, such as self-injury and substance abuse as coping strategies, is meant to place them in context, "the women are portrayed as

incapable of either understanding or controlling the factors which govern their behaviour. In order for them to understand their experiences and gain control over their behaviour, they require assistance of specialized experts" (Loseke and Cahill, 1984:305). An example is the following statement from one of my respondents which implies that a counsellor - even one with a spiritual focus, such as a native elder - needed to be formally qualified.

Aboriginal women want an elder to do their emotional work, as opposed to anyone else, but it is really hard to find an elder trained in psychology or social work, let alone come in on a regular basis no matter what their background is, or a woman (Kim).

The claim that women as "offenders" are to be reconsidered as "victims", given their histories of childhood abuse, is a tenuous one at best. Feminist therapists, rather than the victims of the experience, present themselves as the experts. Therapists have constructed a discourse of women's offending in a context of diagnosable disorders, such as Multiple Personality Disorder and Dissociative Disorder that stem from the impact of childhood sexual abuse. This hybrid notion of feminist therapy is what I have called "feminist-positivism", because it combines the tools and legitimacy of a clinical model with the rhetoric and analysis of feminist theory.

### The Impact of the Prison Setting Upon Feminist Therapy and its Providers

If the principles of feminist therapy are to empower women to resist their inequality and systemic powerlessness in a male-centred society, how do they transcend the prison context? What theoretical framework of women's deviance and rehabilitative "needs" has been constructed that has been assimilated into the correctional agenda of public protection, control, rehabilitation, and reintegration? I



have concluded that the principles and practices of feminist therapy in prison are very different from those envisioned in the shelter movement of the 1970's. What is not different, however, is the analytical framework used to explain women's behaviour, that is, the impact of violence against women.

The impact of the prison setting upon the respondents personally and professionally has significantly re-defined the nature of feminist therapy. My interview data shows that, in contrast with those principles articulated in feminist writings on women-centred therapy, the respondents' principles of therapy have been "corrupted" by the correctional regime. But can this "corruption" of principles be limited to the impact of the prison regime, or do other influences play a part of this process of redefining feminist therapy?

As the only federal penitentiary for women who are serving sentences of greater than two years and who pose diverse security "needs", the Prison for Women is a multi-level security institution. This allows for a more dynamic form of inmate control that relies more upon staff-inmate interaction and programme development. However, it is structurally a maximum security setting. The prison is surrounded by a perimeter concrete wall; barriers are operated by staff from behind plexiglass work stations; and segregation cells and surveillance cameras are used for observation, control, and discipline of problem inmates.

The development and delivery of mental health programmes for inmates has always been a difficult task. Correctional agendas, with the objectives of public protection and deterrence of the offender, have always influenced the direction of therapeutic programmes. The dynamics of the prison community itself have an impact upon the structure and scope of therapeutic programming. One example is how issues of confidentiality and trust cloud the personal relationships between prison

psychologists and prisoners. The respondents claim to have bridged this distance between prisoners and staff through informal interaction outside the psychology department, as well as by respecting the reality of the prison community and the importance of certain values and beliefs. However, for inmates who live within prison community group sessions pose great difficulties. The risk of disclosure within a group is too great and therefore is respected by the respondents. One to one counselling is provided almost exclusively in P4W for incest survivors, substance abusers, and other special "need" offenders. The degree of participation and disclosure is the prisoner's choice, rather than an enforced rule or criteria of eligibility for involvement in a group programme.

Consider, however, the nature of the relationship between the prison psychologist and prisoner. Watson (1980) argues that the relationship between prisoner and psychologist reflects the motivation of the prisoner to be "known" by psychologists as this knowing process is necessary for prisoners to be considered for release. She states that prisoners "cannot afford to be remote, but must construct themselves as personally and emotionally accessible" (Watson 1980:201). Prisoners modify their behaviour and their stories to conform to the criteria of conditional release. They are aware that the orientation of the treatment programmes at P4W is geared towards meeting the "needs" of sexual abuse survivors and become willing to speak of their experiences, regardless of the role they see it playing in their offending histories. Prisoners are aware that their resistance to expert definition and intervention is easily "accounted" for by the psychologists as a "need" for specialized assistance or even as a risk to re-offend.

## Conclusion

The emergence of feminist therapy in P4W is the result of a growing presence of women as correctional officials, as well as claims made by the women's community with regard to the pervasiveness of violence against women and its psychological impact. The mental health programming that has evolved is a compromise of feminist and clinical principles aimed at providing prisoners with practical skills to cope with their imprisonment and a better understanding of their offending behaviour in the context of what they have survived. The principles of feminist therapy expressed by y respondents focus on allowing women to take control in several ways: by directing the pace and agenda of the therapeutic process; by providing them with the information and resources necessary to make effective decisions about their lives; and by advocating on their behalf before prison staff and parole officials.

The influence of traditional clinical models, however, upon the respondents strategies can be seen in the use of standardized assessments for diagnosis and prediction of behaviours. A battery of standardized clinical assessments are used to determine the degree, if any, of dissociative tendencies amongst prisoners, as well as the nature of their relationship with their families, and their level of assertiveness skills. Furthermore, some of the respondents have claimed that women's potential recidivism should be predicted on the basis of their degree of vulnerability to re-victimization in the future. In short, notions of vulnerability, or victimization are been articulated as deterministic variables in the calculation of a woman's risk to re-offend.

The theoretical framework that has guided these principles is the experience of childhood sexual and emotional abuse and its impact upon the adult lives of women. This analytical approach is the result of the personal and professional experiences

that are common to all of the respondents. Each of the respondents has worked with the Kingston Sexual Assault Support Centre as a volunteer board member or counsellor, or other shelters or rape crisis centres. In addition, all except one of the respondents have degrees in clinical psychology or social work. These profiles of prison psychologists also reflect the hiring criteria of Correctional Services Canada in that post-secondary education in a clinical field is necessary to work with federal inmates. The respondents claimed themselves that these criteria make it difficult to meet the diverse language, ethnic, and cultural "needs" of the prisoner population. The result then is a staff of mental health professionals that is rather homogeneous in its theoretical position and strategic approach.

My respondents claimed that women in prison present similar experiences of abuse and coping strategies, such as substance abuse and self-injury, as do women in the community. Nonetheless, working with women in prison presents dilemmas and challenges not experienced in a community agency, such as a shelter or crisis centre. The life experiences of many inmates (extreme sexual and physical violence, long standing chronic substance abuse problems, past psychiatric hospitalization, and their own use of violence) make building a therapeutic relationship difficult. As a result, a need for a specialized skills and strategies exists when working with female prisoners.

Feminist therapists at the Prison for Women have successfully advocated that prison programming be sensitive to the impact of sexual violence on the lives of women inmates. In doing so, however, they have forged a causal link between women's victimization and the offences they commit. This sweeping generalization of the impact of sexual abuse oversimplifies the emotional and practical "needs" of federally sentenced women. The autonomy of women is not a feasible goal within the

walls of a penitentiary; rather, the attempts to empower women are overwhelmed by the reality of the prison regime. Feminist advocates must continue to press for social reforms outside the prison system.

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## **Appendices**

## **Appendix I: Self-Injurious Behaviour as a Coping Strategy\***

### **Abuse**

The dynamics of childhood (sexual) abuse lead to self-blame by the victim as a method for believing she has some control in a powerless situation. This is largely the result of the ambivalent feelings the victim has toward the abuser (a significant other) in conjunction with either overt or covert threats made by the abuser

### **Continued Abuse**

The cumulative effect of on-going childhood (sexual) abuse and the resultant self-blame that bad things do and will happen to her

The belief in the inevitability of bad things happening result at particular moments in extreme anxiety and sometimes experienced as deadness or numbness

The resulting self-injurious behaviour is an attempt to control the timing and extent of the anticipated pain which is seen as inevitable

By invoking painful stimuli (e.g., slashing), the anxiety is immediately decreased

To the extent that self-injury results in a reduction of anxiety, it is an adaptive and resourceful behaviour

\* Source: Heney, J. Report on Self-Injurious Behaviour in the Kingston Prison for Women. Correctional Service of Canada: 1990.

## Appendix II

### DISSOCIATION SCALE

#### DIRECTIONS:

This questionnaire consists of twenty-seven (27) questions about experiences that you may have in your daily life. We are interested in how often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you are not under the influence of alcohol or drugs. To answer the questions, please determine to what degree the experience described in the questionnaire applies to you and mark the line with a vertical slash at the appropriate place, as shown in the example below.

Example:

0% \_\_\_\_\_ / \_\_\_\_\_ 100%

1. Some people have the experience of driving a car and suddenly realizing that they don't remember what has happened during all or part of the trip. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

2. Some people find that sometimes they are listening to someone talk and they suddenly realize that they did not hear part or all of what was just said. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

3. Some people have the experience of finding themselves in a place and having no idea how they got there. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

4. Some people have the experience of finding themselves dressed in clothes that they don't remember putting on. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

5. Some people have the experience of finding new things among their belongings that they do not remember buying. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%



DISSOCIATION SCALE

6. Some people sometimes find that they are approached by people that they do not know who call them by another name or insist that they have met them before. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

8. Some people are told that they sometimes do not recognize friends or family members. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

9. Some people find that they have no memory for some important events in their lives (for example, a wedding or graduation). Mark the lines to show what percentage of the important events in your life you have no memory for.

0% \_\_\_\_\_ 100%

10. Some people have the experience of being accused of lying when they do not think that they have lied. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

11. Some people have the experience of looking in a mirror and not recognizing themselves. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

12. Some people sometimes have the experience of feeling that other people, objects and the world around them are not real. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

13. Some people sometimes have the experience of feeling that their body does not seem to belong to them. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

DISSOCIATION SCALE

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

15. Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

18. Some people sometimes find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

19. Some people find that they sometimes are able to ignore pain. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

21. Some people sometimes find that when they are alone they talk out loud to themselves. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

DISSOCIATION SCALE

22. Some people find that: in one situation they may act so differently compared with another situation that they feel almost as if they were two different people. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

23. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc.). Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it). Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

25. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

26. Some people sometimes find that they hear voices inside their head that tell them to do things or comment on things that they are doing. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

27. Some people sometimes feel as if they are looking at the world through a fog so that people and objects appear far away or unclear. Mark the line to show what percentage of the time this happens to you.

0% \_\_\_\_\_ 100%

# Appendix III

## I, P, and C Scales

|                                                                                                                                        | Strongly disagree | Disagree somewhat | Slightly disagree | Slightly agree | Agree somewhat | Strongly agree |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------|----------------|----------------|
| 1. Whether or not I get to be a leader depends mostly on my ability.                                                                   | -3                | -2                | -1                | +1             | +2             | +3             |
| 2. To a great extent my life is controlled by accidental happenings.                                                                   | -3                | -2                | -1                | +1             | +2             | +3             |
| 3. I feel like what happens in my life is mostly determined by powerful people.                                                        | -3                | -2                | -1                | +1             | +2             | +3             |
| 4. Whether or not I get into a car accident depends mostly on how good a driver I am.                                                  | -3                | -2                | -1                | +1             | +2             | +3             |
| 5. When I make plans, I am almost certain to make them work.                                                                           | -3                | -2                | -1                | +1             | +2             | +3             |
| 6. Often there is no chance of protecting my personal interests from bad luck happenings.                                              | -3                | -2                | -1                | +1             | +2             | +3             |
| 7. When I get what I want, it's usually because I'm lucky.                                                                             | -3                | -2                | -1                | +1             | +2             | +3             |
| 8. Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power. | -3                | -2                | -1                | +1             | +2             | +3             |
| 9. How many friends I have depends on how nice a person I am.                                                                          | -3                | -2                | -1                | +1             | +2             | +3             |
| 10. I have often found that what is going to happen will happen.                                                                       | -3                | -2                | -1                | +1             | +2             | +3             |
| 11. My life is chiefly controlled by powerful others.                                                                                  | -3                | -2                | -1                | +1             | +2             | +3             |
| 12. Whether or not I get into a car accident is mostly a matter of luck.                                                               | -3                | -2                | -1                | +1             | +2             | +3             |

(cont.)

# I, P, and C Scales (cont.)

|                                                                                                                                              | Strongly disagree | Disagree somewhat | Slightly disagree | Slightly agree | Agree somewhat | Strongly agree |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------|----------------|----------------|
| 13. People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups. | -3                | -2                | -1                | +1             | +2             | +3             |
| 14. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.                    | -3                | -2                | -1                | +1             | +2             | +3             |
| 15. Getting what I want requires pleasing those people above me.                                                                             | -3                | -2                | -1                | +1             | +2             | +3             |
| 16. Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.                      | -3                | -2                | -1                | +1             | +2             | +3             |
| 17. If important people were to decide they didn't like me, I probably wouldn't make many friends.                                           | -3                | -2                | -1                | +1             | +2             | +3             |
| 18. I can pretty much determine what will happen in my life.                                                                                 | -3                | -2                | -1                | +1             | +2             | +3             |
| 19. I am usually able to protect my personal interests.                                                                                      | -3                | -2                | -1                | +1             | +2             | +3             |
| 20. Whether or not I get into a car accident depends mostly on the other driver.                                                             | -3                | -2                | -1                | +1             | +2             | +3             |
| 21. When I get what I want, it's usually because I worked hard for it.                                                                       | -3                | -2                | -1                | +1             | +2             | +3             |
| 22. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.                          | -3                | -2                | -1                | +1             | +2             | +3             |
| 23. My life is determined by my own actions.                                                                                                 | -3                | -2                | -1                | +1             | +2             | +3             |
| 24. It's chiefly a matter of fate whether or not I have a few friends or many friends.                                                       | -3                | -2                | -1                | +1             | +2             | +3             |

## Appendix IV

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

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

### PARENTAL BONDING INSTRUMENT

This questionnaire lists various attitudes and behaviours of parents. As you remember your mother in your first 16 years, place a tick in the most appropriate column after each question. On page two, complete the same questions relating to your father.

| My mother...                                                 | Very<br>like | Moder-<br>ately<br>like | Moder-<br>ately<br>unlike | Very<br>unlike |
|--------------------------------------------------------------|--------------|-------------------------|---------------------------|----------------|
| 1. spoke to me with a warm and friendly voice.               |              |                         |                           |                |
| 2. did not help me as much as I needed.                      |              |                         |                           |                |
| 3. let me do those things I liked doing.                     |              |                         |                           |                |
| 4. seemed emotionally cold to me.                            |              |                         |                           |                |
| 5. appeared to understand my problems and worries.           |              |                         |                           |                |
| 6. was affectionate to me.                                   |              |                         |                           |                |
| 7. liked me to make my own decisions.                        |              |                         |                           |                |
| 8. did not want me to grow up.                               |              |                         |                           |                |
| 9. tried to control everything I did.                        |              |                         |                           |                |
| 10. invaded my privacy                                       |              |                         |                           |                |
| 1. enjoyed talking things over with me                       |              |                         |                           |                |
| 2. frequently smiled at me                                   |              |                         |                           |                |
| 3. tended to baby me                                         |              |                         |                           |                |
| 4. did not seem to understand what I needed or wanted        |              |                         |                           |                |
| 5. let me decide things for myself                           |              |                         |                           |                |
| 6. made me feel I wasn't wanted                              |              |                         |                           |                |
| 7. could make me feel better when I was upset                |              |                         |                           |                |
| 8. did not talk with me very much                            |              |                         |                           |                |
| 9. tried to make me dependent on her                         |              |                         |                           |                |
| 10. felt I could not look after myself unless she was around |              |                         |                           |                |
| 1. gave me as much freedom as I wanted                       |              |                         |                           |                |
| 2. let me go out as often as I wanted                        |              |                         |                           |                |
| 3. was overprotective of me                                  |              |                         |                           |                |
| 4. did not praise me                                         |              |                         |                           |                |
| 5. let me dress in any way I pleased                         |              |                         |                           |                |

My father...

|                                                             | Very<br>like | Moder-<br>ately<br>like | Moder-<br>ately<br>unlike | Very<br>unlike |
|-------------------------------------------------------------|--------------|-------------------------|---------------------------|----------------|
| 1. spoke to me with a warm and friendly voice.              |              |                         |                           |                |
| 2. did not help me as much as I needed.                     | —            | —                       | —                         | —              |
| 3. let me do those things I liked doing.                    | —            | —                       | —                         | —              |
| 4. seemed emotionally cold to me.                           | —            | —                       | —                         | —              |
| 5. appeared to understand my problems and worries.          | —            | —                       | —                         | —              |
| 6. was affectionate to me.                                  | —            | —                       | —                         | —              |
| 7. liked me to make my own decisions.                       | —            | —                       | —                         | —              |
| 8. did not want me to grow up.                              | —            | —                       | —                         | —              |
| 9. tried to control everything I did.                       | —            | —                       | —                         | —              |
| 10. invaded my privacy                                      | —            | —                       | —                         | —              |
| 11. enjoyed talking things over with me                     | —            | —                       | —                         | —              |
| 12. frequently smiled at me                                 | —            | —                       | —                         | —              |
| 13. tended to baby me                                       | —            | —                       | —                         | —              |
| 14. did not seem to understand what I needed or wanted      | —            | —                       | —                         | —              |
| 15. let me decide things for myself                         | —            | —                       | —                         | —              |
| 16. made me feel I wasn't wanted                            | —            | —                       | —                         | —              |
| 17. could make me feel better when I was upset              | —            | —                       | —                         | —              |
| 18. did not talk with me very much                          | —            | —                       | —                         | —              |
| 19. tried to make me dependent on him                       | —            | —                       | —                         | —              |
| 20. felt I could not look after myself unless he was around | —            | —                       | —                         | —              |
| 21. gave me as much freedom as I wanted                     | —            | —                       | —                         | —              |
| 22. let me go out as often as I wanted                      | —            | —                       | —                         | —              |
| 23. was overprotective of me                                | —            | —                       | —                         | —              |
| 24. did not praise me                                       | —            | —                       | —                         | —              |
| 25. let me dress in any way I pleased                       | —            | —                       | —                         | —              |

## Appendix V: Glossary of Terms

**Advocacy:** Speaking on behalf of women and representing their needs. For example, supporting a prisoner's request for family visits while in segregation, or demonstrating the context of her offence in parole submissions.

**Anger:** The motivational force of women's healing and recovery.

**Boundaries:** Parameters or rules of the game in feminist therapy. These may include confidentiality, one-to-one counselling structure, or non-discussion of certain subjects which the client perceives as most threatening, such as memories of abuse or the use of self-injury.

**Context:** The social reality of women's lives and its impact upon the choices available to them. Placing a behaviour in context makes it easier to target the skills necessary to avoid similar responses in the future.

**Contracts:** A negotiation between the therapist and the client. Contracts can include, in the case of attempted suicide, agreeing to stay alive until the next morning, or not to self-injure for the next 12 hours.

**Control:** The prisoner's right to contribute to the nature of the counselling sessions, such as pace and content. This can be realized through a balancing of powers within the therapeutic relationship.

**Coping Skills:** Those behaviours which are necessary for a woman to survive. For example, substance abuse mask memories of childhood abuse; self-injury reduces anxiety and her sense of powerlessness that is reminiscent of abusive situations. These skills are understood to be resourceful given that they are adaptive behaviours.

**Crisis Beds:** An alternative to segregation cells when a counsellor is no longer able to contract with a woman for her safety (e.g., suicide or self-injury). As segregation cells may provoke flashbacks to abusive situations, strip women of all control, and isolate women from their support networks; crisis beds would allow women to stay on the living unit.

**Empowerment:** A process of providing information and support necessary for choices to be made that encourage autonomy and personal-responsibility.

**Essentialization:** The construction of women as fundamentally irrational, passive, and sexualized objects.

**Grassroots:** The informal organization of services that emerged to meet the needs of people not included or able to access mainstream agencies.



**Peer Support:** Modelled after community crisis-lines, prisoners assist each other in a timely manner within the prison living unit; minimizing the involvement of prison staff. The focus of this strategy is to provide crisis support that is practical and resourceful, and encourages women to work together.

**Self-Disclosure:** By sharing similar personal experiences with their clients, therapists reduce her client's sense of isolation and shame, as well as balancing the powers within the therapeutic relationship.

**Self-Injury:** A health-seeking behaviour attempts to reduce the anxiety or powerlessness felt by a woman who has typically survived childhood sexual abuse. This powerlessness is relived in prison, and is heightened with the use of segregation cells with surveillance cameras, and strip searches. Traditionally this behaviour was treated as manipulative or psychotic.

**Substance Abuse:** A coping strategy that masques a client's memories of abuse.

**Suicide:** A realistic option for women in physically and emotionally powerless positions, and who perceive no other means to regain control other than to alter their physical self. Suicide is a means of taking control.

**Relapse:** A dynamic learning process by which a woman comes to integrate less harmful ways of coping. Returning to past behaviour is not seen as a failure to be punished.