

**Chronicling the Shifts:
Using the Body Lens to Analyze Policy for
*High Need Women Offenders***

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Abstract:

This thesis uses an exploratory case study design to chronicle the shifts, recognition, and implementation of programs, tools and policies designed for *high need* federally sentenced women in Canada that were created after 1990, in accordance with or opposed to the gender specific principles outlined in the *Creating Choices* (1990) report. The body lens is used as an analytic tool to deconstruct eleven¹ of the most pertinent documents regarding policy and strategy for *high need* women offenders that were implemented by the Correctional Service of Canada (CSC) personnel and the Office of the Correctional Investigator (OCI) over the past twenty years. Coding of a wide range of documents reveals that despite appearing to be rhetorically progressive, CSC's attempt at creating a *women-centered* mental health strategy uses contradictory disciplinary techniques that control and restrain the bodies of federally sentenced women in hopes of normalizing the behaviours of *high need* women. The policies imposed by CSC for *high need* women offenders fail to make any substantial changes in women's prison reform and resulted in a different form of regulation and control. *High need* women offenders are imprisoned in their own bodies.

¹ These include:

- 1) *Creating Choices: The Report of the Task Force on Federally Sentenced Women* (CSC, 1990).
- 2) *Mental Health Strategy for Women Offenders*. (CSC, 1997b).
- 3) *Federally Sentenced Aboriginal Women in Maximum-security- What Happened to the Promises of Creating Choices?* (Morin, 1999).
- 4) *Structured Living Environments Operational Plan*. (CSC, 2001).
- 5) *Women Offender Programs and Issues Regional Women's Facilities Operational Plan*. (CSC, 2002b).
- 6) *Mental Health Strategy for Women Offenders*. (CSC, 2002a).
- 7) *Secured Units Operational Plan*. (CSC, 2003).
- 8) *Evaluation Framework for Dialectical Behavior Therapy with Women Offenders*. (Sly et. al., 2003).
- 9) *Program Strategy for Women Offenders*. (CSC, 2004).
- 10) *Evaluation Framework for Psychosocial Rehabilitation (PSR) with Women Offenders*. (Sly et. al., 2005).
- 11) *Annual Report of the Office of Correctional Investigator 2008-2009*. (OCI, 2009).

There is an evident shift in the way that CSC perceives *high need* women, as the social construction of these women evolved from being *in danger* to be progressively more *dangerous*. *High need* women are regulated by CSC through several instruments including: the use of Secure Units, dynamic security, segregation, and management protocol. Furthermore, several neo-liberal strategies, such as shared responsibility, dependency discourse, and empowerment tactics are used by CSC to *govern* the bodies of *high need* women from a distance. Lastly, these documents reveal that there is a tendency by CSC to confuse prisoners' risk with their needs. Essential *needs* of *high need* female offenders are redefined as criminogenic needs as they are interpreted as dynamic risk factors. Institutional risk concerns are predominantly more important to CSC than mental health issues. This type of *risk thinking* completely contradicts the principles of gender responsibility outlined in *Creating Choices* (1990). While *high need* women offenders desperately require more supportive staff and programming as opposed to higher security, CSC continues to adopt policy and protocols that ignore those needs.

Introduction

Introduction: The Other Women

In 1989, the Task Force on Federally Sentenced Women² (TFFSW) was created by the Correctional Services Canada (CSC) to examine the unique experiences of women offenders in federal penitentiaries. This task force drafted a report called *Creating Choices* (1990), which outlined a new women-centered correctional strategy that was alleged to be responsive to the needs of federally sentenced women (FSW). This strategy was guided by a holistic vision based on five guiding principles: empowerment, meaningful and responsible choices, respect and dignity, supportive environments, and shared responsibility (CSC, 1990). Implementation of this strategy led to the redesign of correctional facilities and programs available to federally sentenced women³ (Carlen, 2010; Hannah-Moffat, 2000a; Horri, 2000; Monture-Angus, 2000; Sokoloff, 2005). Despite, being written over twenty years ago, the primary principles and recommendations set out in the *Creating Choices* (1990) report still have enormous relevance and substantial influence on the management and operation of contemporary federal penitentiaries for women (CSC, 2003; CSC, 2002; Pollack, 2005). However, various scholars and Correctional Services Canada personnel argue, that although the models of design for these new facilities address the needs of most federally sentenced women, the specific needs of *other* women, those who are high-risk, *high need*, and/or have severe mental health issues, are ignored (Hannah-Moffat, 2001; Peters, 2003; Pollack 2005; Rivera, 1995; Warner, 1998; Whitehall, 1995).

² The Task Force on Federally Sentenced Women was comprised of Correctional Services Canada personnel, former prisoners, Native women organizations, feminist community agencies and advocates for incarcerated women.

³ The Prison for Women was the first federal facility for women in Canada and was closed in 2000. It was replaced by 5 separate institutions across the country: the Nova Institution, the Edmonton Institution for Women, Grand Valley Institution, Joliette Institution and Okimaw Ohci Healing Lodge.

Given these shortcomings, the *Intensive Intervention Strategy* (IIS) was introduced in 1999 by the CSC and aimed at better addressing the needs of high-risk and *high need*⁴ women offenders (CSC, 2001). The primary goal of this strategy was to provide safe and secure accommodations for high-risk and *high need* women through Structured Living Environments (SLE) and intensive intervention in Secured Environments/Units (CSC, 2002a). This strategy placed high emphasis on intensive staff intervention, programming and treatment and was constructed around the five guiding principles of the *Creating Choices* report (CSC, 2002a; CSC, 2004).

Through an exploratory case study design, this thesis uses the body as an analytic tool, to chronicle the shifts, recognition, and implementation of programs, tools and policies designed for *high need* women prisoners that were created after 1990, in accordance with, or opposed to, the gender specific principles outlined in the *Creating Choices* (1990) report.

⁴ The definition of *high needs* used in this thesis comes from the Correctional Service of Canada and involves measuring several interpersonal factors in an offender's life. The identified needs domains are "substance abuse, personal and emotional factors, attitudes and beliefs, social interactions and associations, family and marital relationships, education level and employment skills, and community functioning" (CSC, 2004). However, for the purpose of this thesis mental illness will also be added to the CSC definition.

Chapter 1: Framing the Literature

1: Gender and Crime

While gender and crime have received a great deal of research attention in recent years, most of the literature about women and imprisonment has only been written in the past 25 years. Prior to that, in the early 1970's, criminological research and theorizing about crime and offenders primarily focused on men and either ignored gender differences or relied heavily on stereotypical constructions of femininity and sexuality (Chesney-Lind & Pasko, 2004; Hannah-Moffat, 2001; Kilty & Frigon, 2006). Contemporary theories about criminality that are commonly used to explain criminal behaviour, such as differential association, opportunity theory, learning theory, delinquency theory, and strain theory, were developed primarily to explain men's conduct and are not always applicable to women offenders (Broidy & Agnew, 2004; Hannah-Moffat & Shaw, 2001). However, women offenders are no longer invisible and a lot of information is known about gender-specific principles of crime (Carlen, 2010). As feminist criminology evolves, it is essential that this branch of research is sensitive to women's life situations and critically considers their experiences in a gendered and racially stratified society.

Generally, researchers and policy makers tend to overlook women's crime, programming and assessment, because women account for such a small portion of offenders and are often involved in less serious crimes than men (Hannah-Moffat, 2001; Irwin & Chesney-Lind, 2008; Public Safety Canada, 2008). There are simply too few incidences and too few women offenders to count (Adelberg & Currie, 1987:1). Ironically, the small numbers of women offenders would make it easier for academics to perform studies on and collect data in order to assess the needs of federally sentenced women (Adelberg & Currie, 1987). This neglect "has resulted in fewer options for dealing with the gender and culturally specific problems of sentenced women" (Hannah-Moffat & Shaw, 2001: 14) and has contributed to the marginalization of gender and a lack of cultural diversity in contemporary criminological theory. Furthermore, gender differences

that appear in the penal system reflect stereotypes of “the female offender” as *sad, mad* or *bad* (Appignanesi, 2008; Baskin et. al., 1989; Hannah-Moffat, 2001; Irwin & Chesney-Lind, 2008).

The progress that has been made in feminist criminology over the past 25 years seems very promising (Daly, 2004). Theorists, practitioners and researchers became concerned about the influence gender has on crime and have explored how women offenders are treated by the criminal justice system in Canada (Hannah-Moffat, 2001; Shantz & Frigon, 2010).

Contemporary research on offending suggests that crime is an extremely gendered activity and that “the context of offending and access to criminal opportunities, as well as prison responses, are shaped by differences in men’s and women’s lives” (Hannah-Moffat & Shaw, 2001: 17). Furthermore, research conducted by Correctional Service of Canada personnel (CSC, 1990; Riveria, 1995; Warner, 1998; Whitehall, 1995) highlights that criminalized women prisoners have a very different set of needs and assessments than men and focuses on determining whether or not these needs are met in federal institutions. *Creating Choices* (1990) was a significant step toward the recognition of women’s specific needs, which will be discussed later in this literature review.

Lastly, current disciplinary techniques and physical environments used in prison, and which were developed for men, shape women offenders into ‘docile bodies’ (Frigon, 2003; Shantz & Frigon, 2010). Therefore, the bodies of these women become submissive and lifeless as they become manipulated so that they are easier to manage, control and discipline.

Programming, treatment and resources given to women offenders often tend to neglect the unique effects federal institutions have on prisoner’s bodies, on their families, their identities and their physical, emotional and mental health (Frigon, 2003; Shantz & Frigon, 2010). Dominance, power and inequality are extremely important variables in the equation of crime. Therefore, it is

essential that criminological theorizing continues to account for the gender-based differences in women's and men's criminality to develop a more thorough understanding of crime and how the criminal justice system deals with offenders under its authority.

1:1 Women's Imprisonment in Canada

Since the opening of the Prison for Women (P4W), in Kingston Ontario in 1934, there has been a constant concern about the unique hardships that women experience in penitentiaries and the paternalistic attitudes within them (Bell, 2004; Bernier, 2009; Bottas, 2007; Campbell, 2004, Frigon, 2007; Hannah-Moffat, 2000a; Shaw, 1990; Stableforth, 1999). Although there were a few federal-provincial exchange of service agreements that allowed for the housing of a small number of women offenders to be housed in their home province, from 1934 until 1995, P4W housed almost every woman that was federally sentenced during that time period under notoriously callous and harsh living conditions (Hannah-Moffat, 2000a; Monture-Angus, 2000). Increasingly, the public, feminist organizations, and Aboriginal groups were outraged and after years of scrutiny and recommendations for change from many governmental and non-governmental workers and associations, Correctional Service of Canada (CSC) was forced to adopt a new approach to the management and treatment of federally sentenced women (Frigon 2003; Hannah-Moffat & Shaw, 2001). In 1989, CSC and the Canadian Association of Elizabeth Fry Societies (CAEFS) assembled the Task Force on Federally Sentenced Women (TFFSW) to examine the unique experiences of women offenders in federal prisons. This task force created a report called *Creating Choices* (1990), which outlined a new women-centered correctional strategy in hopes of responding to the unique needs of federally sentenced women. This strategy was a conceptual foundation for women's corrections and evoked a holistic vision that was based on five guiding principles: empowerment, meaningful and responsible choices, respect and

dignity, supportive environments, and shared responsibility (CSC, 1990). Implementation of this strategy led to the closure of the P4W and the construction and redesign of correctional facilities and programs available to federally sentenced women (Arbour, 1996; CSC, 1997b; CSC, 2002a). The CSC has since built six new regional cottage-style prisons that were intended to be gender and culturally appropriate (CSC, 1997b; CSC, 2002c).

Initially, in these reformed prisons, women of all security levels were housed together. However, given that CSC did not address all prisoners' needs, (specifically in terms of security) numerous violent disturbances, stabbings, self-mutilations, suicides and escapes occurred at these prisons in the mid 1990's. It became evident that there were certain prisoners, the *other* women, who required a greater degree of structure, control and treatment than these regional facilities could provide (Campbell, 2004; Hannah-Moffat & Shaw, 2001; CSC, 1997b; CSC, 2002a). In 1996, CSC 'temporarily' moved the small number of women who were classified as needing maximum-security or who had severe mental health problems to 'co-located'⁵ units in men's penitentiaries (Campbell, 2004; MacDonald & Watson, 2001; Stableforth, 1999). These 'temporary' units infringed upon the human rights of federally sentenced women (especially Aboriginal women) and nevertheless they existed for more than ten years (Campbell, 2004; Hannah-Moffat & Shaw, 2001: 3).

Women imprisonment can have very destructive effects on women's bodies. Sylvie Frigon and Laura Shantz explain that "in prison, women developed resistance strategies to counteract the homogenizing and infantilizing forces that surround them" (Shantz & Frigon, 2010:15). These strategies change how women relate to their bodies, turning them into "politicized sites of struggle and resistance as well as canvases on which they display pain and

⁵ Co-located units were women's maximum-security units that were located in male maximum-security federal institutions. Four of these units were set up across Canada with extremely high regulation.

anger” (Shantz & Frigon, 2010: 15). Everyday reminders of prisons are marked upon these women’s bodies and it becomes difficult for these women to reclaim their bodies as their own or ever find their original identity. This becomes a major obstacle when women are released back into society and are trying to rebuild their lives outside of prison by becoming productive members of society. CSC has become extremely preoccupied with controlling federally sentenced women’s bodies⁶ in an attempt to govern any notion of risk, and as a result, boundaries and the rights of women offenders have become blurred.

The way that CSC controls the bodies of federally sentenced is but one example of how Canada evolved into a risk society; a society that is obsessed with the future and safety and in turn creates various notions of risk (Giddens, 1999). In the 1990’s the idea of risk evolved from ‘risk as dangerousness’ into ‘risk as need’ (Hannah-Moffat, 2006). The terminology used in CSC documents, contain reference to *high-risk*, *intensive intervention*, and *maximum-security*, and illustrate CSC’s current pre-occupation with managing ‘risky’ behaviour. Furthermore, over the past decade North America has undergone a significant shift resulting in the “institutionalization of punishment” (Colaguori, 2005:354) by the state. This is evident in women imprisonment as Canada is “locking women up at a rate that should be criminal itself” (Maidment, 2006: 26). This shift has included a substantial rise in mass incarceration and the corporatization of prisons (Colaguori, 2005). A *prison industrial complex*, a term used to describe the rapid expansion of the prison population in North America due to the political influence of the privatization and control of goods and services in prisons, was created and maintained (Pratt, 2000). The *prison industrial complex* started with the rise of the liberal market society and the creation of a risk society and resulted in an economically-invested business (Colaguori, 2005; Maidment, 2006).

⁶ For example, use of excessive force, illegal strip searches, unnecessary use of segregation units...

As the *prison industrial complex* gains momentum the government is increasingly preoccupied with detention and focus is removed from prevention (where it should be). Subsequently, attention has been shifted away from deterrence and community-based strategies and programs for successful reintegration. Women offenders face enormous struggles when they are released back into society due to a scarcity of resources and discharge planning (Shantz, Kilty & Frigon, 2009). It is time that we focus on strategies that directly address the problems that federally sentenced women experience inside and when released from prison, instead of exploring useless, expensive, and counterproductive penal policies.

2: Women Federal Prison Population

Women account for approximately 6.1% of the total federal prison population (PSC, 2008). Of these women, 40% are incarcerated and the other 60% are serving the remainder of their sentences in the community. In April 2008, there were 495 women incarcerated in Canada under federal jurisdiction (PSC, 2008). Women are not as likely as men to be convicted of violent offences (only 40%) and tend to commit property, drug or morality offences, such as prostitution (Hannah-Moffat & Shaw, 2001; MacDonald & Watson, 2001). The most common length of sentence given to women falls within the two-to-three year range (MacDonald & Watson, 2001; PSC, 2008). Furthermore, there are currently no federally sentenced women who have a *Dangerous Offender* designation (there has only been two women ever given that designation), as compared to 455 male prisoners (PSC, 2008).

The characteristics of the Canadian federal women prison population are well established. While some of these characteristics are shared by men, many are not. For example, women offenders are often victims of physical, sexual or other forms of abuse. Their perpetrators are usually intimates or people whom they know. A vast majority of these women are mothers and

76% of them are single primary caregivers (Acoca, 1998; Frigon, 2007; Statistics Canada, 2006). More often than men, women offenders tend to have limited education and are usually unemployed at the time of their offence. The majority of women offenders are financially dependent and have substance abuse problems, as well as physical, emotional, and mental health concerns (Irwin & Chesney-Lind, 2008; Hannah-Moffat & Shaw, 2001). These women tend to be in their late twenties or early thirties (Statistics Canada, 2006). Even though women prisoners are traditionally classified as lower risk than men prisoners in federal facilities, various reports indicate that they have higher needs than their male counterparts on most dimensions (CSC, 2002a; Statistics Canada, 2006; PSC, 2008).

The federal women prison population is very diverse; 58% are White, 21% are Aboriginal, 7% are Black, and 3% are Asian (Hannah-Moffat & Shaw, 2001). This is a very heterogeneous group and therefore treatment, programming and management strategies that use a 'one size fits all approach' (as *Creating Choices* did) have been proven to be ineffective (MacDonald & Watson, 2001). Currently, the rate of women's imprisonment stands at a historic high (Carlen, 2010; Chesney-Lind & Pasko, 2004) and therefore programs and resources given to these women must be able to accommodate the needs of this diverse and growing group of individuals, especially the needs of Aboriginal women. Despite the ethnicities of federally sentenced women being very diverse, these women share similar stories of abuse and poverty. Understanding is needed as to why women offenders have such similar socioeconomic characteristics and personal histories. There are systemic factors that alienate these women from society and force them towards a life of deviance.

2: 1 Aboriginal Federally Sentenced Women

A juvenile and rapidly growing Aboriginal federal population presents important challenges and opportunities for CSC (Mann, 2009). In the late 1990's, CSC introduced the concept of healing federal corrections for Aboriginal offenders. In the *Ockima Ochi Healing Lodge*, Aboriginal offenders are given services and programs that reflect Aboriginal culture, tradition and beliefs (CSC, 2002a; CSC, 2002b). Despite attempts by CSC to provide adequate treatment and care for Aboriginal offenders, the overrepresentation of Aboriginal women and the lack of culturally appropriate programs for these women in penitentiaries is a growing concern. This population accounts for the majority of the women who are classified as high-risk and/or suffer from mental illness (CSC, 2002a; Finn, 1996; Mann, 2009).

The Arbour Report (1996), which was a commission of inquiry into incidences of violence that took place at the Prison for Women in 1994, identified several specific problems in this federal institution that were specifically linked to Aboriginal women. The Arbour Report (1996) concluded that Aboriginal women were over-represented and are culturally, linguistically and socially distinct from the other federally sentenced women. The offending, personal, and social histories of Aboriginal women were also quite distinct and diverse, “their crimes are different, their criminogenic factors are different, and their correctional needs for programmes and services are different” (Arbour Report, 1996: 228). Furthermore, the Aboriginal traditional and holistic approach to rehabilitation, healing and reintegration was at odds with the conventional prison philosophies used in the penitentiaries, which usually resulted in these women being over-classified and over-programmed (Hannah-Moffat & Shaw, 2001; Mann, 2009).

In Morin's earlier report, *Federally Sentenced Aboriginal Women in Maximum-security* (1990), the various difficulties that are experienced by Aboriginal women who are classified as requiring maximum-security in federal prisons were examined. Morin identified three primary subgroups, "1) those with what are seen as [having] anti-social behaviours and criminal attitudes 2) those with special needs resulting from serious emotional and mental health issues and 3) those with special needs resulting from cognitive limitations and basic skill deficits" (Morin, 1999: 67). Evidently, Morin found that the needs of women in each of the three different sub-categories were extremely high and unique. Each sub group requires different types of interventions and accommodations that they seldom receive (Hannah-Moffat & Shaw, 2001: 55; Morin, 1999).

The good intentions reflected in CSC policies and strategies for Aboriginal offenders are only adequately operationalized, which has led to unsatisfactory results. This is partly due to a "lack of data tracking, clearly enumerated deliverables and accompanying accountabilities" (Mann, 2009: 3). The issue of Aboriginal over-representation in penitentiaries continues to worsen rather than improve (Mann, 2009; OCI, 2009; PSC, 2008). Aboriginal rates of incarceration are nine times the national average and 33.1% of federally sentenced women in federal penitentiaries are Aboriginal (Mann, 2009; OCI, 2009), as compared to 4% of the national population. There is a growing disparity in the outcomes of Aboriginal and non-Aboriginal offenders which raise serious doubts about whether the good intentions underlying CSC strategies and policies are translated into positive results (Mann, 2009).

Changes are needed to improve the conditions and outcomes for Aboriginal offenders. These changes include,

a greater range of Aboriginal specific programming, more Aboriginal context in existing programs, more resources and contact with Elders and Aboriginal Liaison,

accreditation of Aboriginal programs and Aboriginal anti-gang programming initiatives in institutions... (OCI, 2009: 14).

The CSC must begin to take governance and responsibility for Aboriginal issues within the federal prisons using dedication and leadership. The future implementation of the *Aboriginal Corrections Accountability Framework*, which seeks to give CSC accountability in Aboriginal Corrections, is a step in the right direction.

3: Health Care & Programming for Federally Sentenced Women

Understanding and meeting the growing health care and program needs of federally sentenced women in Canada has become a very difficult issue to tackle (Acoca, 1998). This subject in criminology has “gained increasing international attention in the last few years” (Robert, Frigon & Belzile, 2007: 176). Various researchers suggest that programming and health care, just like management strategies for federally sentenced women, rely on stereotypical assumptions about the perceived needs of women prisoners (Arbour, 1996; Schram et. al., 2004; Warner, 1998; Whitehall; 1995). There are various barriers to achieving effective health care and programming in institutional facilities (Frigon, 2007). They include: legislation, poverty, lack of women-specific research and funding, institutional policies and procedures, lack of access to qualified medical staff, and physical environment (Acoca, 1998; Frigon, 2007). Most federally sentenced women, prior to their admission to correctional facilities were victims of racism, sexism and classism. In turn, “these oppressions materialized namely in poverty, [contribute to] a lack of material, social and symbolic resources” (Robert, Frigon & Belzile, 2007: 176). As soon as these women enter prison, “degradation ceremonies” occur that results in a complete loss of identity and sense of self, which is extremely difficult for prisoners to deal with (Robert, Frigon & Belzile, 2007: 178). Therefore, intensive intervention strategies and resources are crucial so that women have a support system.

A *Correctional Program Strategy for Federally Sentenced Women* (1994) was developed before the five new regional institutions were built for federally sentenced women (CSC, 1994). In the mid 1990's, programs began to emerge in federal institutions that adhered to the specific needs of women prisoners as outlined in *Creating Choices* (1990) principles. *The Corrections and Condition Release Act* (CCRA) maintained that correctional programming must target the specific needs and risks of offenders in a manner that respects their gender, ethnicity, culture, spiritual and linguistic differences (CSC, 1997a; CSC, 2002a; CSC, 2002b). In order to do so, it was extremely important for the CSC to develop gender-specific programs that reflected the psychological development of women and that were sensitive to the unique experiences that women offenders face (CSC, 2004).

Throughout the late 1990's, a vast array of women offender programs were created including the "Women Offender Substance Abuse Programming (WOSAP), Education and Employability Programs, Programs for Survivors of Abuse and Trauma Programs, Mother-child Program, Parenting Programs and Social Integration Program for Women" (CSC, 1997b). These programs allowed federally sentenced women to partake in, and benefit from programs that were designed specifically to adhere to their needs and learning styles (Stableforth, 1999). Although these programs were definitely a step in the right direction, there was still criticism that these programs did not address the needs of the *other* woman (high-risk, *high need* and/or mentally ill women offenders) and that they did not focus on reintegration (CSC, 2004; CSC, 1997a; Rivera, 1995; Robert, Frigon & Belzile, 2007; Warner, 1998; Whitehall, 1995).

In response to these criticisms, the CSC made various attempts to provide treatment for federally sentenced women with the goal of maximizing the potential of prisoners and minimizing the restricting effects of severe mental illness (Metzner, 1997). Among these efforts

are Structured Living Environments and Secured Units (which will be discussed in more detail later in the literature review). These types of interventions are intended to allow every prisoner an opportunity to participate in all correctional programs, help decrease the disabling effects of mental illness and help ensure that the prison is safe for prisoners, visitors, staff and volunteers (Metzner, 1997).

A study that was conducted in a number of Canadian penitentiaries for men and women showed that 99% of all prisoners visited the nurse an average of 20 times annually (Hutchings et al., 1999). Furthermore, 80% of federally sentenced women have medical prescriptions and the average number of prescriptions is 3.1 per women, which is significantly higher than the percentages found in the general population. The medicines most commonly used are psychotropics (42%), non-steroidal anti-inflammatory drugs (34%), peptic ulcer therapy (23%) and asthma treatment (21%) (Langer et al., 2002).

It appears that the different correction regions in Canada do not address the issues of federally sentenced women appropriately or sufficiently, as they are concerned with the male federal populations (Chesney-Lind, 2004). Recommendation 4 of the *Arbour Report* (1996) advocated for and supported the creation of a position of the Deputy Commissioner for Women, which would permit for centralized control of women's corrections, including finances, and the authority to work with National Headquarters to develop budget plans, research initiatives, classification tools and a comprehensive community release strategy (Hannah-Moffat & Shaw, 2001: 49). Currently, the position of the Deputy Commissioner for Women at National Headquarters has

functional authority for women's corrections, but little substantive authority to provide national oversight and direction in terms of monitoring policy compliance or challenging operational decisions at the institutional and regional levels that may be inconsistent with policy or law (OCI, 2009:16).

Failure to implement this recommendation has severely limited the potential of penitentiaries for women in Canada.

Once again, despite the considerable progress made by CSC to address the programming and health care needs of federally sentenced women, there is still a great deal of work to be done. In the 2009 *Annual Report of the Office of the Correctional Investigator*, Howard Sapers and his team made several recommendations in order to move women corrections forward. His team highlighted that there is “inadequate programming and mental health services for women offenders with acute psychological and psychiatric needs” and that there are “fatigued, stressed and under-trained front-line staff working in overcrowded facilities” (OCI, 2009: 19).

Furthermore, many scholars assert that in order to develop effective program interventions that meet the needs of all different types of women offenders, it is important to consider the history and demographics of this population and their patterns of offending (Bloom, 1999; Bloom & Covington, 1998; Hannah-Moffat & Shaw, 2001; Irwin & Chesney-Lind, 2008; Kerr, 1995; Taylor & Blanchette, 2005).

4: Security Classification of Federally Sentenced Women

Security classification of federal prisoners has been a statutory requirement since the *Penitentiary Act* of 1889. The *Corrections and Conditional Release Act* (CSC, 1997) obliges all prisoners to be classified as maximum, medium or minimum security according to their institutional adjustment, their escape risk and their risk to public safety (Gobeil, 2007b).

Classification is used by correctional facilities as a management tool and as a way of handling a large number of prisoners, maintaining order in facilities and allocating resources and services accordingly (Gobeil, 2007; Hannah-Moffat & Shaw, 2001). Classification and assessment of offenders affects the conditions of the offender’s confinement, their privileges and accessibility

to goods and services, security placement, employment opportunities, transfer ability, supervision level, and the length and timing of their sentences (Blanchette, 1997; Gobeil, 2007b).

Classifying an offender has enormous complex implications and therefore it is important that techniques and measures used are fair and efficient. In recent decades, there has been a shift in favour of using actuarial classification models, which are found to be more equitable and accurate than the clinical alternatives (Austin & Hardyman, 2004). Research indicates that subjective methods result in more over classification than actuarial methods and that there is a lack of validation studies “concerning classification instruments used with women offenders” (Gobeil, 2007b: 3). Classification systems developed for males, even if they are supposed to be gender-neutral, tend to misclassify and over-classify women offenders (Gobeil, 2007b).

Since *Creating Choices* (1990), it is widely accepted that women present much lower risks when compared to male offenders. The risks posed by women offenders are usually not violent and often include risks to themselves as opposed to others. In fact, the Task Force on Federally Sentenced Women urged that the few women who needed greater or maximum-security would “respond to a more supportive environment” (CSC, 1990: 110) and not necessarily to higher security.

There is a growing concern about the classification system that is being used across Canada and the applications of actuarial scales for women, as many gender and diversity issues are raised with the use of these tools. The tools that CSC currently uses, such as, the *Offender Intake Assessment*, *Custody Rating Scale* and the *Security Reclassification Tool*, are considered to be gender-neutral instead of gender specific and were originally designed for a white male population (Gobeil, 2007a). In fact, many of these assessment tools have various limitations including:

failure to recognize the differences of gender and race, inability to view problems holistically or in the broader context of women's lives, restriction of information to apparently objective 'facts' which do not consider the context of events or situations, particularly regime factors, underlying subjectivity, the domain of particular subjects and explanations (Hannah-Moffat & Shaw, 2001: 22).

The *Security Reclassification Scale for Women* (SRSW) is considered to be an objective, gender informed classification tool developed for federally sentenced women and was implemented nationally in 2005 (Gobeil, 2007a). It is supposed to place women offenders in the least restrictive level of confinement. With its focus on historical risk indicators and dynamic risks factors the CSC claims that the SRSW has been proven to be an effective tool of prediction. Evaluation of the tool has shown that the "SRSW placed fewer cases at maximum-security, and more cases at minimum security" (Blanchette & Taylor, 2005: 3).

As previously mentioned, Aboriginal women are heavily over-represented in maximum and medium-security federal prison populations. There is an overall lack of minimum security conditions for women, compared to those available for men, and a much smaller percentage of women are given work release. These are two major issues that result in women spending more time in prison than is necessary (Blanchette, 2003; Hannah-Moffat & Shaw, 2001). There is also a concern that the length of a sentence served (especially among Aboriginal women) may be lengthened due to unavailability of programs. Furthermore, programs and treatment given to Aboriginal offenders do not adhere to their cultural beliefs (which are at odds with correctional attitudes) and therefore these women are constantly labelled as having mental health problems and are over-classified as maximum-security (Hannah-Moffat & Shaw, 2001: 50).

The Canadian Association of Elizabeth Fry Societies (CAEFS) urges that security classifications for federally sentenced women are useless and that these classifications label the women's behaviour and form a negative social construction (Blanchette & Taylor, 2005,

CAEFS, 2003). Security classifications and assessments fail to consider the wider context of women offending and therefore result in the “decontextualizing and individualizing of women’s institution behaviour and offence” (Hannah-Moffat & Shaw, 2001: 50). These classifications encourage the medicalization of incarcerated women because most of the women are identified as having a mental illness (Blanchette, 2003; Blanchette & Taylor, 2005) even though this may not necessarily be the case. Furthermore, minimum-security women live in a very intrusive static security environment that is not necessary and therefore these women do not live in the least restrictive environment as promised by CSC (CSC, 1997; Hannah-Moffat & Shaw, 2001).

It is extremely problematic that federally sentenced women with mental health concerns are most likely classified as maximum-security, and the majority of these women are Aboriginal offenders. It is important to support and protect the mental, physical and emotional wellbeing of all federally sentenced women while they are classified and assessed (Hannah-Moffat & Shaw, 2001: 52). It is essential that classification and assessment tools are gender informed and must be subject to evaluation and validation (Gobeil, 2007b).

4:1 High-risk/ Maximum-Security Women Prisoners

Another branch of scholarly research involves needs assessments of women offenders including; therapeutically, physically and emotionally, particularly for those who are high-risk. Research indicates that there are clear and reliable differences between medium and maximum-security women (Blanchette, 2003; Blanchette & Taylor 2005). This stream of research serves as the main premise behind the *Intensive Intervention Strategy* (1999). These studies (Arbour, 1996; Holtfreter, 2003; Rivera, 1996; Warner, 1998; Whitehall, 1995) came to very similar conclusion: in federal institutions there is an essential need for specialized programming for *high need*

women that is aimed at (lower) literacy levels, mental illness and mental functioning (Blanchette & Taylor, 2005; CSC, 1997b; CSC, 2002a; CSC, 2003; Whitehall, 1995)⁷.

Three studies conducted by correctional psychiatrists who were contracted by the CSC are extremely noteworthy in this regard. In 1995, Whitehall conducted a longitudinal needs assessment on ten federally sentenced women. She concluded that federally sentenced women would benefit from a Structured Living Environment that gives offenders close supervision and also an opportunity for independence and empowerment (Whitehall, 1995). In 1996, Rivera made several recommendations in her needs assessment that included the development of a healing facility, a psychiatric center, and Structured Living Environments (Rivera, 1996).

Finally, in 1998, Warner, another correctional specialist, was contracted to “provide a needs analysis and program proposal for women with special needs in the Atlantic and Ontario Region” (CSC, 2001). Warner conducted a literature review, a review of prisoner’s files, and an extensive number of interviews with community stakeholders, women offenders and service providers. He recommended that new programs must be created that recognize the diverse and incompatible needs among federally sentenced women (Warner, 1998). Warner noted the importance of individualized and intensive learning programs, supportive staff, the multidisciplinary team approach and the reconstruction of facilities to meet program needs (Warner, 1998).

In the 2008-2009 *Annual Report of the Office of the Correctional Investigator*, Howard Sapers and his team highlight that in the federal prison system there is a “repeated and prolonged use of segregation to manage a very small number of high-risk and *high need* women offenders” (OCI, 2009: 18). He found a lack of development of integrated clinical management strategies for this group of offenders and observed that staff in these wards were overworked,

⁷ For a profile of maximum security women offenders see Appendix 2.

overstressed and undertrained (OCI, 2009). In his annual report he made a recommendation that clinical management plans need to be immediately completed and implemented in federal penitentiaries for *high need* and high-risk women. The necessary resources and services, both internal and external, should be made available to these institutions (OCI, 2009: 17).

Furthermore, modern maximum-security facilities have been designed to increase physical separation between the patient and clinician and he noted that this approach is extremely ineffective (OCI, 2009). Maximum-security, high-risk and *high need* prisoners require intervention and treatment rather than deprivation. Many scholars argue that the maximum-security classification poses unnecessary limitations on federally sentenced women (Blanchette, 1997; Blanchette & Taylor, 2005). For example, prisoners spend more time being monitored by intrusive surveillance tools than having actual physical contact with social workers, primary care workers and staff. Howard Sapers and his team also concluded that there are significant “gaps in dynamic security” (OCI, 2009: 17). Use of more punitive and restrictive environments does not promote the rehabilitation of offenders and can have the opposite effect. The overuse of sanctions, punishments and displays of force do not produce sustained behavioural change, nor do these practices make safer institutions. More progress can be made if a productive living environment is made for prisoners and staff that offers “positive incentives, programming, and meaningful and regular engagement and interaction than one that adopts punitive attitudes that reinforce an ‘us vs. them’ mentality” (OCI, 2009: 18)

Treatment programs and education tools that encourage self-improvement can help reduce the stresses, tensions and deprivation that are inherent to imprisonment. The *least restrictive principle* is key; “Prisoners who are engaged constructively with staff on a regular basis are more likely to adopt the kinds of pro-social behaviours that will foster their

rehabilitation and eventual reintegration” (OCI, 2009: 18). Effective maximum-security wards have the potential to emphasize care, custody and control in a safe and humane manner.

5: Mental Health of Federally Sentenced Women

Mental health is a major concern among federally sentenced women because a vast majority of these women experience mental health issues especially when compared to the general population (CSC, 1990; CSC 2002a). The findings of the CSC’s 1989 *Mental Health Survey* indicated “that the type and incidence of mental health problems are different for men and women” (CSC, 2002a). This survey fuelled a debate about gender specific mental illnesses. With the exception of anti-social personality disorder, women offenders display much higher levels of psychiatric diagnoses (CSC, 1997b; CSC, 2002a; CSC, 2002b). While men tend to be more sexually threatening and assaultive, women tend to engage more frequently in self-harm (CSC, 2002a; CSC, 1997b). Research suggests that the majority of the mental health issues experienced by women offenders can be directly linked to their past exposure to physical abuse, sexual abuse, substance abuse and poverty (CSC, 2002a; Rivera, 1995; Warner, 1998). In a 2007-2008 report, the Office of the Correctional Investigator found that “30% of female, compared to 14.5 of male offenders, had previously been hospitalized for psychiatric reasons” and 25% of these women have a current mental health diagnosis (OCI, 2009: 18). Furthermore, at the time of admission federally sentenced women are twice as likely to have a significant mental health diagnosis than their male counterparts.

Mental health is a major concern and the number of mentally ill federal prisoners is expected to continue to grow (McCorkle, 1995). As previously discussed, CSC has commissioned various research projects to examine the treatment and needs of mentally ill federally sentenced women (CSC, 1997b; CSC, 2002a; McDonagh, 1999; Morin, 1999; Rivera, 1996; Warner, 1998;

Whitehall, 1995). These research projects propose numerous strategies and recommendations for the management and treatment of these women. Although these reports only relate to a small number of women they provide important qualitative data. These research projects (CSC, 1997b; McDonagh, 1999; Morin, 1999; Rivera, 1996; Warner, 1998; Whitehall, 1995) have encouraged the CSC to develop the *Intensive Intervention Strategy* (1999) to effectively manage the *high need* women federal population. Hence, regional prisons were remodeled in accordance with the *Intensive Intervention Strategy* in hopes of accommodating both groups of offenders while following the guiding principles of *Creating Choices* (Hannah-Moffat & Shaw, 2001: 55).

Despite efforts by the CSC to treat and rehabilitate *high need* offenders, there seems to be an overall consensus in the academic literature that contemporary resources, programs and treatment given to these women is unsatisfactory (Brewer et. al., 1998; Ferszt, 2009; Lord, 2008; Meztner, 1997; OCI, 2008; Ross, 1988; Tien, 1993). The lack of adequate resources, such as treatment, discussion groups, therapy and medication, undoubtedly contributes to extremely detrimental consequences for these women (Lord, 2008).

Many critics argue that there is a “dismal state of mental-health services in Ontario and across Canada” (MHCC, 2010). There are numerous failures and gaps in the system. The *Ashley Smith* case is a modern day example of how Correctional Service of Canada failed to provide adequate services and support for a high-risk and *high need* women offender whose mental health issues were ignored. Ashley Smith entered the prison system at the age 15. In October 2007, the 19 year old committed suicide by strangulation in her cell while in clear view of several guards. Guards were ordered not to intervene unless Smith appeared not to be breathing so that they would not have to fill out “tedious” paper work.

Smith was pepper sprayed and tazered on numerous occasions. Primary care workers should have been able to identify the level of intensive help Smith needed. Instead, over the years, Smith was moved from a provincial youth facility into federal penitentiaries with hope of stopping her erratic behaviour. Correctional officers were annoyed that her behaviour was creating a lot of paper work (OCI, 2009). Howard Sapers, the Correctional Investigator, argues that if she had received the appropriate care Smith would be still be alive today (OCI, 2009). In response to the outcry from the public, CSC committed to launching a study about long-term solitary confinement in federal prisons.

Isolation and abuse is *not* treatment. In the *Office of the Correctional Investigators Annual Report (2009)* there is mention of numerous forms of segregation (which usually house mentally ill and/or high-risk prisoners)—sometimes called transition units, special needs units etc... that are emerging across Canada. Ironically, these units operate just like solitary confinement cells but do not have the built in safe guards “such as the requirement for a report on why an offender is being transferred there, for one, and what he must do to get out” (OCI, 2009).

Senator Michael Kirby, who is now the chair of the Mental Health Commission of Canada, is embarrassed to admit that we have made the streets and prisons the asylums of the 21st century. With regard to mental health, the prison asylum is a crisis. Kirby’s commission made a key recommendation for the formation of a single body called *Mental Health and Addictions Ontario*, to design, manage and coordinate the mental health system in the province, in order to close gaps in current services (MHCC, 2010). Kirby notes that one of the most challenging and time consuming mental health disorders to treat is extremely common amongst incarcerated women is Borderline Personality Disorder.

5:1 Borderline Personality Disorder

Borderline Personality Disorder (BPD) is an all-encompassing pattern of unsteadiness in one's relationships, self-esteem, emotions, and impulses during daily operations (CSC, 2002a). This disorder is multifaceted (Boisvert, 2004; Linehan, 1993) and 75% of people who are diagnosed with BPD are women and are co-morbid (Boisvert, 2004). Therefore, these women often suffer from BPD simultaneously with one or more diseases. BPD is extremely common among federally sentenced women (Carlen, 2010).

In order to minimize the dehumanizing effects of this disorder among prisoners it is essential that the correctional psychologists who are treating these women ensure that they “provide the psychological service in a way that balances institutional resources and matches offenders’ personal, psychological and correctional needs” (Boisvert, 2004). Contemporary research suggests that in order to treat these women and remove the stereotypical perceptions that are attached to BPD, an integrated and women-centred approach to intervention must be used (Boisvert, 2004; Linehan 1993). Currently, Dialectical-Behaviour Therapy (DBT) and Therapeutic Letter Writing (TLR) are used in women correctional facilities. These approaches address the multifaceted, gendered nature of BPD. A next step would be to find treatment for these women that includes consideration of the special needs and social/cultural issues of women offenders with BPD or any other personality disorder. Self-mutilation and suicide attempts are common among federally sentenced women with BPD (Cahill-Masching & Ray, 2003; Charles et al, 2003). Despite the use of these interventions in federal institutions for women, studies show that offenders with BPD “usually show little or no progress” (Cahill-Masching & Ray, 2003: 68). More intensive intervention and clinical research is needed in institutions in order to tackle the complexity of this disorder.

6: Intensive Intervention Strategy (1999)

After many years of criticism from women prisoners and their advocates, an *Intensive Intervention Strategy* (IIS) for high-risk and/or mentally ill federally sentenced women was implemented by the then Solicitor General, Lawrence MacAulay in 1999 (Sly et. al., 2003). The implementation of this Strategy enforced the closure of the co-location units that housed women offenders in male prisons and these women were returned to regional facilities. The IIS aimed to address the needs of two specific women correctional populations: maximum-security women and those who had severe mental health issues, in hopes of incorporating the needs of these prisoners into the *Creating Choices* vision (Campbell, 2004; CSC, 2008; CSC, 2002a). Structured Living Environments (SLE) were built into four federal institutions for women in 2001⁸ and Secured Units/Environments in 2003, to address the needs of women who suffered from severe mental illness (Campbell, 2004; CSC, 1997; CSC, 2002).

6:1 Structured Living Environments/ Secured Units

In 2001, a logic model, or operational plan was created for Structured Living Environments which was aimed at addressing the needs of women “who require intensive intervention but who also demonstrate through their risk assessments that they require this level of intervention, in a secure environment” (CSC, 2001). The implementation strategy involved several elements. Firstly, the construction of duplex living arrangements that had sufficient living space, program space, staff office and an area designated for therapeutic quiet. Next, the hiring and training of an inter-disciplinary team was needed that would be able to provide intensive support, rehabilitation and specialized correctional mental health programming on a twenty-four hour basis. Additionally, special programming was designed to help reintegrate women into the general populations (CSC, 2001).

⁸ Structured Living Environments and Secured Units were not built into the Okimaw Ohci Healing Lodge.

The management and operation of these units are governed by the principles of *Creating Choices*, the *Corrections and Conditional Release Act* (CCRA), the Mission of the Correctional Services, the *Mental Health Strategy for Women Offenders* and the *Correctional Program Strategy for Federally Sentenced Women* (CSC, 2001) (see Appendix 1). The essential role of the Structured Living Environment is to use consistent management, role modeling, clear structures, positive reinforcement, and intensive interventions in a prompt and timely manner to address the needs of high-risk and *high need* women prisoners (CSC, 2001).

The Inter-Disciplinary Team Approach (IDT) is an essential element of Structured Living Environments. This involves a team of staff who plan and coordinate program implementation, services, interventions and evaluation, which is guided by the correctional plan. This team is supposed to function equitably. Ultimately, IDT is to be used in Structured Living Environments in order to ensure that individual treatment and interventions support the needs of each federally sentenced woman.

In 2003, Secure Units were built into the regional prisons and were used as a treatment strategy for women classified as maximum-security. Women would remain in secure custody until there was a reduction in their security classification (Brown, 2004). The objectives of Structured Living Environments and Secure Units were divided based on the particular therapeutic intervention that was needed for that facility and used the principles and practices of dialectical behaviour therapy (DBT) and psychosocial rehabilitation (PSR) (CSC, 2002a; CSC, 2003; Sly et. al., 2003).

A major strength of the IIS is its focus on the successful reintegration of offenders into society. When women are released from prison they experience various day-to-day anxieties and challenges that are extremely difficult (Shantz, Kilty & Frigon, 2009). Imprisonment has an

enormous effect on these women's lives both physically and emotionally. Therefore, any treatment given to help offenders cope with these stressful experiences is definitely a step in the right direction. Although the Operational plans for Structured Living Environments/Units seems to be airtight, one can only wonder if the standards were upheld over the past decade in these wards. This is an area of inquiry that this thesis will address.

Although various studies (CSC, 1997; CSC, 2002; Rivera, 1995; Warner, 1996; Whitehall, 1995) encouraged the development of an *Intensive Intervention Strategy*, there seems to be a lack of inquiry and knowledge about the effectiveness of the *Intensive Intervention Strategy*. Although the CSC has various Correctional Investigator Reports and evaluations that touch upon these new interventions, most of the evaluation was done by CSC personnel or by people who were contracted by the CSC, meaning there is a lack of objectivity. Ultimately, there is a lack of objective academic literature that critically examines the implementation and implications of this strategy and more specifically, Structured Living Environments and Secured Units. This provides a clear avenue to pursue through further research.

6:2 Dialectical Behaviour Therapy

Dialectical Behaviour Therapy (DBT) is commonly used in forensic settings to help women who are struggling with severe emotional and behavioural issues, and it has shown success with treating people diagnosed with borderline personality disorder (Cahill-Masching & Ray, 2003; CSC, 2003). This type of treatment was deemed appropriate for Structured Living Environments and Secured Units considering that many federally sentenced women

display a combination of difficulties characterized by self-destructive and/or suicidal behaviour, severe interpersonal relationship problems, unstable and low self-image; cognitive disturbances and distortions; and, extreme and problematic impulsive behaviour (CSC, 2003).

This treatment approach utilizes various treatment tools and initiatives that include a therapeutic setting which offers individuals psychotherapy, skills training sessions, DBT consultation, 24-hour support and coaching (CSC, 2001; Sly, Taylor & Blanchette, 2003).

The five principles that underlie the *Creating Choices* (1990) report also underlie the dialectical behavioural therapy techniques that are used in the Structured Living Environments and Secured Units. This approach is supposed to enhance empowerment, help patients make responsible choices, learn respect and dignity for themselves and others, live in a supportive environment and develop a shared responsibility (Sly et. al., 2003).

Dialectical behaviour therapy originates from a biosocial theory of personality function which suggests personal difficulties are created and maintained through biological and environmental factors that hinder development (Linehan, 1993; CSC, 2003). The primary goal of this therapy is to improve motivations, change thinking patterns, enhance emotion regulation, and assist in skill development in order to provide prisoners with structure and decrease the likelihood of recidivism (Linehan, 1993; Sly et. al., 2003). In Structured Living Environments dialectical behaviour therapy has four essential components, “individual counselling (psychotherapy), skill training sessions, supplementary support, and team consultation” (CSC, 2003). DBT is a collaborative treatment that seeks to help women prisoners acquire skills at a pace that compliments their individual needs and learning styles (CSC, 2002a; Warner, 1998).

6:3 Psychosocial Rehabilitation

The mission of Psychosocial Rehabilitation (PSR) is to increase the social functioning of people who have long-term psychiatric disabilities so that they can continue with the least amount of continuous professional intervention (CSC, 2003; Warner, 1998). This type of therapy is effective with persons with severe and persistent mental illness (CSC, 1997b; CSC, 2002a;

CSC, 2003). The main objective of this approach is to help clients improve their quality of life through socialization, recreation and leisure activities. Psychosocial rehabilitation has been founded to be effective in two areas. Firstly, PSR interventions increase adaptive behaviours such as self-care, and vocational and living skills. Secondly, PSR reduces problem behaviours, such as anger, aggression and psychotic behaviours (CSC, 2003). Similar to Dialectical Behaviour Therapy, psychosocial rehabilitation in federal institutions for women was designed to embody the five principles from the *Creating Choices* (1990) report.

Psychosocial rehabilitation includes four fundamental stages: assessing readiness, diagnosis, planning and intervention. Functional assessments are also used to determine the patient's critical, physical, emotional and intellectual skills (CSC, 2001). PSR can take two forms: Program Skill Use or Direct Skills Teaching. *Technology sheets* are used by the staff throughout the process "in order to assist the women with her progression through the program" (Sly et. al., 2003: 3) and provide assistance in "assessing readiness, setting rehabilitation goals, functional assessment, rehabilitation planning and intervention" (Sly et. al., 2003: 3). These sheets were also useful indicators of program effectiveness.

Only preliminary analysis examined the effectiveness of DBT and PSR in a correctional environment. This thesis will specifically explore how these two therapeutic interventions are used in Structured Living Environments and Secured Units for *high need* women offenders and highlights strengths and weaknesses of these approaches.

7: **Conclusion**

This literature review provided a historical overview of women's imprisonment in Canada, the relevant strategies of interventions that have been used for *high need* women and the barriers and struggles to providing these women with adequate care and resources. This thesis

will build on this body of literature, by using the body as an analytic tool, in order to explore the shifts and changes in policy by CSC since 1990. The next chapter will explore the theoretical framework that will ground the analysis.

Chapter 2: Theoretical Framework

Chapter 2: Theoretical Framework

So many words, so many concepts that in the discourse of the women's movement call for different models to interpret the multiple facets of the individual and collective experience of women and to formulate a theory of gender relations (Descarries-Belanger & Roy, 1991: 1).

This research is guided by feminist principles and therefore this chapter will focus on four main branches of feminism: Marxist, socialist, liberal and radical. This chapter will provide an overview of all four strains of feminism in order to clarify why radical feminism is the most relevant to this research. This chapter will explore the impact that feminist thought has had on criminology and how the two disciplines interact. Understanding the influences feminism has had on criminology will provide a theoretical grounding in order to determine a location of entry for the analysis. The purpose of this research is not only to examine the 'issue of gender' with respect to program and resource availability in penitentiaries for women but to explore the development in policy, tools and strategies that are used by Correctional Service of Canada (CSC) for *high need* women offenders.

Furthermore, this section will explore how *high need* federally sentenced women are socially constructed by demonstrating how these women are portrayed in the documents being coded. Next, an examination of neo-liberal strategies and tactics that are used on federally sentenced women will be presented. Neo-liberalism is a political orientation that blends liberal political views with an emphasis on economic growth and it will be demonstrated how these ideologies are blended with correctional policy. Lastly, the body will be explored as a critical lens and will be related back to radical feminism. In order to illuminate the impacts that federal institutions have on *high need* women prisoners, *the body* will be used as a unique theoretical lens to highlight the precise types of power relations that are used to control prisoner's bodies.

1: Feminism

The idea of feminism emerged as early as the fifteenth century (Tong, 1989). There was a growing desire by activists to account and document the distinctive experiences and hardships that women endured and that were ignored by ‘malestream’ literature (Kilty & Frigon, 2006). The feminist social movement fostered a new type of analysis that attempted to “eliminate andocentric science by focusing on women as subjects rather than objects of study” (Kilty, 2003: 28).

Feminism evolved into a multidimensional theoretical framework that allows for various domains of entry and positioning. Each dimension of feminism subsequently identifies different causes and forms of oppression and therefore provides a different range of solutions (Tong, 1998). Therefore, in order to deconstruct the documents that were coded about *high need* women offenders, it is important to position oneself within feminist frameworks in order to have a multifaceted understanding of their experiences. The four main branches of feminism that are pertinent to this thesis, Marxist, socialist, liberalist and radical, will briefly be discussed in greater detail and a critique of these frameworks will also be provided.

1:1 Marxist Feminism

Marxist feminism is based on the theorizing of Marx, Engels and various other nineteenth century thinkers. This branch of feminism tends to identify classism, rather than sexism, as the primary cause of women’s oppression (Walter, 2005). They focus on the function and status of women in the economy. Many Marxist feminists explore women’s work-related concerns, how the institution of family is related to capitalism, how the domestic role of women is trivialized and their domestic work is not considered *real* labour, and how women’s opportunities are both unfruitful, boring and low-paying (Tong, 1998).

Critique:

Marxists feminists remain committed to the core teachings of outdated theoretical thinkers and remain attracted to programs that destroy the family as an economic unit (Tong, 1998). Feminist Marxist analysis uses simplistic conceptions of the family and is preoccupied with women's work and class relations as the only means of understanding and ending women's oppression (Tong, 1998). Feminist Marxists' neglect issues that occur outside the labour market, (such as the domestic sphere) (Walters, 2005). The revolutionary overthrow of capitalism does not seem likely or useful. Furthermore, instead of focusing on capitalism, there are several forms of exploitation, such as patriarchy, that existed long before capitalism and similarly have adverse effects on the lives of women.

1:2 Socialist Feminism

This branch of feminism evolved from a Marxist perspective as “a way to more accurately examine women's oppression within the overarching realm of traditional Marxist focus on workers oppression” (Kilty, 2003:31) and explores a more accurate understanding of women's oppression by highlighting the gender differences that are difficult to locate in Marxist thought. Instead of focusing on the importance of economic determinism as the primary source of oppression, socialist feminists maintain that oppression has both psychological and social roots (Walters, 2005). Women are not simply oppressed by classism or sexism but rather by a complex interaction between capitalism and patriarchy (Tong, 1998). Socialist Feminists highlight the deficiencies in Marxist feminism and investigate the constraining roles that are imposed on men and women, namely, understanding why women are tied to the domestic sphere and men to the workplace.

Critique:

Socialist feminism is often criticized for being neither revolutionary nor radical enough to create lasting and concrete solutions to the problem of economic and social exploitation (Walters, 2005). The various approaches that are used by Socialist feminists, such as, duals system theory and systems theory approach, promote two competing ideologies about how to evaluate social relations (Kilty, 2003). Therefore, the conflicting ideologies that underlie this framework reduce its credibility.

1:3 Liberal Feminism

Liberal Feminism is considered to be the more modern strand of feminism that seeks to explore equality in a way that does not encourage radical restructuring of societies' existing institutions (Walters, 2005). Liberal feminists believe that women are left out of various sectors of life (politics, business, finance...) primarily on the basis of their gender. The solution is quite simple: equality will be gained through equal opportunity. Personal rights should therefore prevail over concerns for the social good (Walters, 2005). The goal is to free women from oppressive gender roles and to develop a likeness between genders. Therefore, the development of gender neutral categories should be used to stop differentiation and discrimination against individuals on that basis.

Critique:

Liberal feminism problematically adopts and accepts male values and standards as human values and does not celebrate the differences between men and women (Reinharz, 1992; Tong, 1998). Equal opportunity is a fairly vague and meaningless concept, and liberal feminists fail to address the multifaceted nature of oppression that women experience (Walters, 2005). This branch of feminism does not challenge existing social structures that are problematic but instead

narrow-mindedly accepts them as the natural and correct order of life. Therefore, liberal feminism does not condone changing or altering existing structures and insinuates that women must penetrate male dominated areas and adjust to them accordingly (Kilty, 2003). Unique experiences, social structural factors and social histories that are specific to various types of women are ignored. Ultimately, this framework seeks reformation without any type of revolutionary ideas.

1:4 Radical Feminism

Radical feminism challenges the reform ideology presented in liberal feminism and seeks revolutionary change within the existing patriarchal social structures, in order for women to gain liberation. Radical feminists believe that *the personal is political* (Descarries-Belanger & Roy: 1991: 13) as they lobby to have their personal problems and issues (such as domestic abuse) a part of the political debate. Radical feminists celebrate the importance of women's differences and those differences are viewed as a focal point of women's experience, as they seek to uncover the specific source of oppression they are seeking to eliminate (Descarries-Belanger and Roy, 1991). This framework urges that 'nature' is not a significant explanation to justify the subordination of women. Radical feminism's primary goal is to ensure that women are autonomous, free and productive by challenging and changing modern day social structures (Tong, 1998). They argue that "nature" cannot serve as an explanation for the subordination of women. This is the main feminist framework that will be used in the analysis and will be explored in more detail later in this chapter.

Critique:

Radical Feminists' primary focus on patriarchy neglects important issues, such as, social class and ethnicity. This ideology tends to ignore that the general position of women has evolved

over time and that these changes are the result of wider economic and political growth in society. Radical feminists tend to over-emphasize characteristics that separate men from women, such as their biology, and tend to be uncritical about the assumptions made about male and women psychology (Walters, 2005).

2: Feminism in Criminology

The relationship between feminism and criminology started about 50 years ago when pioneers such as Marie-Andree Bertrand and Frances Heidensohn (1968) noted criminologist amnesia when it came to women. They described the analysis of women and crime to be like “lonely uncharted seas” (Heidensohn; 1968: 171). In the initial stages of feminist criminology, feminists offered critiques of sexist explanations of crime and responded to the idea that women who were involved in crime were “monsters, misfits or manipulators” (Balfour & Comack, 2006: 27). Several issues were raised by feminist criminologists as there was a generalizability problem and a gender-ratio problem. Theories of crime did not explain why fewer women committed crimes when compared to their male counterparts. Mainstream theories of crime that were created for men, by men, were simplistically applied to women. Many feminists call this the ‘add women and stir’ approach (Balfour & Comack, 2006). As feminist criminology evolved, women were brought to the forefront of the criminological discussion. Women are no longer afterthoughts, but are integral to the arguments being developed in modern criminology.

In the hopes of explaining crime, by and against women, feminist criminology has emerged over the past century. It contributed to numerous epistemological positions and “provided several analytical tools that reveal who criminalized women are and how they come to be criminalized” (Balfour & Comack, 2006: 17). Feminist criminology has widened our consciousness and understanding of issues and experiences of women who are in conflict with

the law. Feminist research focuses on women offenders, victims and workers in the criminal justice system drew attention to disturbing patterns of discrimination, sexism, and ignorance (Hannah-Moffat, 2000a).

Critique:

Feminist criminology is criticized by criminologists for its failure to examine violence committed by women. In feminist research, women are often only portrayed as victims and an overemphasis on women as victims can cause women to be labelled as feeble victims as opposed to strong survivors (Kilty, 2003: 39). Furthermore it is extremely difficult for researchers to produce research that upholds academic standards while being faithful and respectful to incidences that occur in private settings, such as, domestic violence (Ribbens & Edwards, 1998). It can be extremely difficult to balance public knowledge and private lives.

Feminist inquiry is condemned for its scientific approach and its frequent rejection of positivism. A primary goal of feminist researchers is to eliminate hierarchical barriers that occur between the subject and the researcher, however removing these divisions can undoubtedly result in questionable science. By humanizing concerns and providing a subjective understanding of situations and incidents, feminists can easily lose sight of their objectivity. Ultimately, feminist criminology is considered by some to be chaotic, illogical, too subjective, disorganized and hard to understand and follow (Tong, 1998). However, many qualitative researchers support and acknowledge subjective understanding and subject experience as the only honest way to do research.

3: Social Constructionism

This thesis uses social constructionism as a theoretical framework in an attempt to deconstruct certain socially constructed images in accordance to feminist philosophies by

demonstrating how *high need* women are portrayed in the documents being coded. For example, criminalized women are socially constructed by political ideology as dangerous and risky. A feminist insight will be used by the author “to deconstruct the claims presented and to present interpretive and critical analyses of the gender blindness so often found in social constructionist examinations” (Kilty, 2003: 40).

Social constructionism is a framework that encourages a critical analysis of the taken-for-granted notions that are laced throughout society (Burr, 2003: 3). Social constructionism allows researchers to critically examine how conventional knowledge is created and maintained. To constructionists, analyzing social problems involves analyzing the claims-making process as well as the claims-makers (Burr, 2003). Therefore, social conditions are essentially only claims presented by claims-makers. This framework challenges researchers to examine what the claims-makers say about the social problem and to deconstruct construction.

Spector and Kitsuse coined the word *claims-making* to “define social problems as the activities of individuals or groups making assertions of grievance and claims with respect to some putative conditions” (Best, 2002: 699). This definition emphasizes the activities that take place while claims are made. Therefore, “social problems are not conditions; conditions are merely subjects of claims” (Best, 2002: 706). In fact, the objective or truth of imposed conditions is irrelevant and it only matters that people are making claims about these alleged conditions.

When evaluating the process of claims making, a researcher is able to identify questions for further research. For example, Why were these claims made? Who made these claims? What type of responses did these claims receive? These types of questions help provide framework for theory and understanding of social issues. Fundamentally, claims-maker frame social problems in a particular way that shapes our sense of what social problems persist as they emphasize some

aspects of the issue, while ignoring others, in hopes of promoting specific solutions to the social problem. The success of claims-makers depends on their ability to persuade their audience.

3:1 Dangerousness

Dangerousness is a concept that is explored throughout this thesis. John Pratt argues that throughout modernity, Western governments used the concept of ‘dangerousness’ as a means to justify control over various populations, starting specifically with dangerous offenders (defined by the era), and now has branched into greater society (Pratt, 2000). Pratt argues that in the 1860’s, dangerous individuals moved to the forefront of policy concerns, creating the formation of a new political relationship between the state and society. The state assumed the responsibility of protecting society from these risky offenders and created legislation against the dangerous, using this penal policy as a form of self defense (Pratt, 2000: 38). Modern state’s granted society a ‘right to life’ by offering a set of assurances and expectations, and therefore assumed greater power, intervention and regulation (Pratt, 2000).

Initially dangerous criminals were characterized as habitual or professional criminals and were marked by their ability to be “well versed in the art of disguise” (Pratt, 2000: 38), including a sense of ‘unknowability.’ In order to prevent these individuals from remaining above state power, it became necessary for the modern state to extend penal policy and techniques to ensure that dangerous and deviant outcasts could be brought within its “carceral archipelago” (Pratt, 2000: 39). If the state caught these dangerous people they would make them *knowable* by using various tools of categorization and assessment, such as *high-risk* and/or mentally ill classifications (Pratt, 2000).

In the early 1900’s public protection became a crucial theme in the penal legislation of various jurisdictions and a contractual agreement between the public and the state. This power of

punishment and surveillance by the state permitted an infringement upon the conduct of everyday life. The state acted on behalf of the citizens by offering them a right to life, but the 'benevolent state' played an outward role, which may have been a mask to more sinister and coercive forms of control actually being put to use by the state (Pratt, 2000: 42). In the 1970s, women were experiencing increased public visibility, and, thereby, experienced new risks, vulnerability and insecurities and were thought to be at *high-risk* or *in danger*.

Historically, women were depicted as a split of images, which are often "dialectically opposed" (Kilty, 2003:46). Examples of these social constructions include women being portrayed as either *dangerous* or *in danger*, an *angel* or a *devil*, and a *virgin* or a *whore*. When women do not fit into the socially acceptable category, such as *in danger*, an *angel* or a *virgin*, they are immediately thrown into the opposite social construction. For example, the historical notion of *witch hunting* was gender specific and involved hunting women who did not fulfill the male expectation of how women ought to behave (Frigon, 1996). The women who were *witches* were portrayed as *mad* and this association is still linked to femininity (Frigon, 1996).

Dangerousness is closely associated with the socially constructed duality of images created in accordance to women in society. *High need* women offenders are constructed by the public, the media and CSC as either *dangerous* or *in danger*. This is a contradiction of terms. When women are socially constructed as dangerous they adopt male characteristics, and their identity contradicts the gender scripts of society. On the opposite side of the spectrum, a woman in danger is often portrayed as a *battered woman* who is considered to be innocent, complacent and nurturing (Frigon, 1996). This blurs the boundary and understanding of victimization and criminogenic behaviour. Therefore, women who are abused and victimized and are portrayed as *battered women* often have to endure the scrutiny of numerous organizations, the mental and

medical health officials, the criminal justice system as well as the media. Furthermore, the common misuse of premenstrual syndrome (PMS) to justify women's irrational behaviour or emotions is another illustration of how women are problematically reduced to the sum of their unruly bodies (Frigon, 1996).

Essentially, women, especially *high need* women offenders, are socially constructed and reconstructed to suit the needs of the claims-makers and policy makers (in this case, CSC). With respect to women "who are both deviant and violent (dangerous women) and yet also suffer from abuse (women *in danger*), the myth of women innocence is shattered leaving the woman as a non-woman or as a non-entity" (Kilty, 2003: 50). The social construction of *high need* federally sentenced woman as both *in danger* and *dangerous* is deconstructed and the duality of this claim will be critically examined in the analysis portion of this thesis.

4: Neo-liberal Strategies and Imprisoned Women

The neo-liberal strategies that have been emerging for numerous decades entail: the adoption of a range of techniques of government that create a distance between decisions of formal political institutions and other social actors, conceive of these actors in a new way as subjects of responsibility, autonomy and choice and seek to act upon them through shaping and utilizing their freedom (Rose, 1996).

Over the past thirty years, neo-liberal strategies emerged in penal governing (Hannah-Moffat, 2000a; Rose, 1996). Neo-liberalism is a political orientation that blends liberal political views with an emphasis on economic growth. *Creating Choices* (1990) is an example of a neo-liberal strategy. This report was written by feminist reformers and indigenous representatives (the Task Force on Federally Sentenced Women) that helped to shape the development of a new neo-liberal form of governance within the correctional realm. This report placed emphasis on shared responsibility (placing responsibility on the offender, community and government) and empowerment ideologies, which enables CSC to *govern from a distance*.

Neo-liberal strategies include controlling market conditions, responsabilization, empowerment ideologies, activating communities to become more aware and involved, befriending the family and making society directly responsible for their families (Balfour & Comack, 2006: 202). Neo-liberalism involves *risk thinking*, which is creating strategies for controlling socially excluded populations whose risk is controlled by various control professionals. The risk gaze is aimed at controlling those who are most socially excluded; in this particular case women prisoners who are high-risk, *high need* and/or mentally impaired.

Dependency discourse is another neo-liberal tactic that is used to construct dependency as a character trait of the socially excluded, that can only be addressed through surveillance, therapy and programming (Balfour & Comack, 2006: 243). Shoshana Pollack argues that the use of neo-liberal dependency discourse in *Creating Choices* (1990) “constructs women’s lawbreaking as a result of individual personality characteristics that render them dependent” (Pollack, 2000a:72), which consequently constructs dependency as a women pathology.

4:1 Governing from a distance

Governing from a distance is a responsabilization strategy that is used by neo-liberalists. It occurs when “public authorities seek to employ forms of expertise in order to govern society at a distance, without recourse to any direct forms of repression or intervention” (Hannah-Moffat, 2000b: 511). The government or the CSC is not seeking to directly deal with crime and prisons through state agencies (police, courts, prisons, social workers), but indirectly seeks to incite action from non-state agencies, private agencies and individuals in order to diffuse control and responsibility. Responsibilization strategies involve a series of new techniques and methods in which the state attempts to bring about action on the part of private agencies and individuals-

either by simulating new forms of behaviour or by stopping established habits. *Governing from a distance* occurs when the state diffuses responsibility to volunteers and public organizations.

Controlling and monitoring the bodies of women prisoners is an example of how primary care workers *govern from a distance*. Prisoner's bodies are pivotal to their confinement and technologies of the self are used on these prisoners that are both intrusive and regulatory. Women's bodies are marked by incarceration and their bodies are used indirectly and directly to control and punish prisoners under correctional control. The devolution of the states' responsibility for crime prevention and offender reform is occurring on a number of levels in Canadian women's penitentiaries. At first glance, new responsabilization strategies appear to be less intrusive and punitive, but the opposite is true. Even though they represent an invasion of human rights due to how humanizing they appear to be, they are seldom contested by reformers (Hannah-Moffat, 2000b: 522)

4:2 Empowerment Theory/Ideology

What influences the spread of technologies is most likely to be their appropriateness to particular ends, and this in large measure will be related to political struggles which establish programs on the social agenda (O'Malley 1992: 258).

Correctional Service of Canada's reliance and emphasis on *empowerment* is another example of a responsabilization strategy. It is a form of *governing from a distance* and depicts a continued reliance on past modes of a disciplinary government. Empowerment is a term that was commonly used by revolutionists and social activists (Hannah-Moffat, 2000a). However, in the twenty-first century, CSC used the term to legitimate and justify the construction of new federal institutions, intervention strategies, and operational plans for federally sentenced women.

Having *empowerment* as the forefront of women's corrections and treatment is extremely problematic. Kelly Hannah-Moffat points out that "empowerment is like a democracy, everyone

is for it, but rarely do they mean the same thing by it” (Hannah-Moffat: 2000b: 510). For example, the definition of empowerment is extremely different for feminists and CSC. CSC views empowerment as taking responsibility and building self-esteem (CSC, 1990), meanwhile a feminist analysis of empowerment relies on a broad context and history of women’s oppression. Ironically, prisons are designed to limit any type of empowerment, expression of autonomy and personal choice. Prisons are sites of confinement that display obvious power imbalances between those who are imprisoned and those who are not. Is it realistic to believe that prisons can be designed to empower prisoners?

The idea of empowerment used in the *Creating Choices* (1990) report created a dichotomy between the powerful and powerless. There is a definite lack of attention to the differential relations of power or abilities of certain prisoners, especially those who are *high need* and/or high-risk. Empowerment strategies used in federal penitentiaries for women make the offender responsible for their own rehabilitation. This is very similar to what O’Malley called *prudentialism*, which is “a construct of governance which removes the key conception of regulating individuals by collectivist risk management and throws back upon the individuals the responsibility of managing their own risk” (O’Malley 1992: 261). Through this type of responsabilization strategy, prisoners are now accountable for the proper management of their own potential risk factors as well as minimizing their own needs.

Therefore, empowerment in women’s corrections became a technology of self-governance, in which federally sentenced women are expected to take responsibility for their actions in order to satisfy their oppressors (Frigon, 2007). Ironically, the choices that these women are *empowered* to make are limited and pre-determined by the wider correctional structure, therefore the state is given even more power over the lives of these women. Essentially, women are regulated without

the use of overt expressions of power, but through the decisions that they make. These new forms of governance “steer choices and prevent misbehaviour, instead of deterring through punishment” (Hannah Moffat 2001b: 173). Furthermore, when women are sent to prison they are kept inside longer, with the goal of empowering them.

4:3 Risk Theory/Society

Patrick O’Malley cautions that “the organization of many fields of government and social life-and in particular the government of crime and social problems- has been reshaped around techniques and models of risk management” (O’Malley, 2000: 17). Risk is primarily associated with the management of particular potential harms: risk identification; risk reduction and risk spreading (O’Malley, 2000). The risk society is a culture that is significantly controlled by the idea of risk harm management and dangerous behaviour. This type of society is a comparatively recent phenomenon, which dates back to the early 1950’s or 1960’s.

In the 1970s, alongside the changing nature of risk, there was a changing nature of risk assessment. In the twentieth and twenty-first centuries, risk was assessed on the basis of much more abstract sources of information; therefore risk has become both more globalized and localized and involves a new dependence on mass media. Risk is currently accelerated, proliferated and intensified through various social constructions and moral panics. In modern society, individuals are given a new responsibility for personal risk management, which reconfigured modern penality (Pratt, 2000: 46). The state has essentially justified taking away our rights and freedoms (civil liberties) in exchange for protecting our rights and freedoms (safety, security). For example, governments can monitor cell phone usage and justify this surveillance by asserting that it is for public safety.

Risk takes place in the form of various identities and appears in many different guises and institutional forms (O'Malley, 2000: 18). Society's obsession with controlling dangerous criminals and the mentally ill is a prime example of a managing tactic used by risk societies. The idea of the *risk society* makes the community less aware of the role and impact other sources may have in shaping the government. This type of neo-liberal strategy results in the erosion of practical knowledge and a *need* is created for risk-centered knowledge.

Ultimately, the way society chooses to govern risk and govern through risk will not be decided by actual facts of reality, but the outcome of claims-makers who imagine, design, and deploy competing approaches to governance (O'Malley, 2000: 30). When prisons are built based on a *risk* ideology, prisoners will never get the treatment or programming they require.

4:4 Needs/Risk

Well intentioned benevolent efforts to improve conditions for women prisoners and to create a penal regime that addresses historically specific understandings of women's needs reproduces and obscures complex and ambiguous relations of power, and further, that prisons are remarkably flexible institutions that absorb, adapt and accommodate a variety of competing and sometimes contradictory rationales (Hannah-Moffat, 2001: 5).

In the *Creating Choices* (1990) report, CSC adopted the premise that federally sentenced women tend to be *high need*, instead of high-risk and, therefore, require more treatment and therapeutic programming than their male counterparts. CSC continues to use a unique security management framework that is committed to serving women's needs as defined by CSC. A woman constructed as *high need*, instead of high-risk, is an example of an empowerment strategy that makes federally sentenced women responsible for managing their needs and risks.

Neo-liberal technologies that aim to measure and define risk are founded throughout federal penitentiaries for women, such tools as the *Offender Intake Assessment*, *Custody Rating Scale* and the *Security Reclassification Tool*, and display a very calculated system of governing.

Particular kinds of needs are problematically and automatically labelled as risks. Needs/risks is a new form of penal control that is based on self-regulation and governing at a distance. Kelly Hannah-Moffat argues that in various instances of governing the understanding of risk is “ambiguous, fractured and flexible; that actual techniques of assessing women prisoners’ risks tend to redefine needs as risk factors and that subjective disciplinary techniques of governing co-exist and interrelate with actuarial techniques of risk management” (Hannah-Moffat, 1999: 71).

In federal penitentiaries unsatisfied needs of prisoners are interpreted as risk factors and as mental health concerns. In fact, in the operational plans for various strategies imposed by CSC (CSC, 1990; CSC, 1997b; CSC, 2001; CSC, 2002a; CSC, 2003), there is no difference between “the management of women who are considered *high-risk* (due to violence) and women who are considered *high need* because of mental health problems” (Hannah-Moffat, 1999: 73). Similarly the maximum-security classification of women includes both *high need* and low risk women and also women who are high-risk and low need. CSC does not differentiate between the management of these groups of women. In order to understand the dynamics of women’s imprisonment, it is essential to address the plurality of vocabularies that exist surrounding needs and risks of criminalized women. Blurring needs with risks has important consequences for risk theory; hybrid management techniques have emerged that treat *needs* and *risks* as if they were exactly the same thing (CSC, 1990; CSC, 1997b; CSC, 2002a).

5: The Body as a Critical Lens

The body is an essential element that is extremely important in criminological and penal practices. Before the 19th century, early philosophers, such as Aristotle, Plato, Montesquieu and Bossuet, explored links between the body, deviance and crime. In the early 1900’s Cesare Lombroso developed the theory of *atavism*, which declared certain body parts and markings to

be directly related to deviant behaviour (Shantz & Frigon, 2010). Michel Foucault made groundbreaking advancements in his book *Discipline and Punish* (1979) as he explained that corporeality is a central feature of punishment and that the body was historically controlled and tortured in order to show the state's power over deviant individuals. It was not until the eighteenth century that "the gloomy festival of punishment was dying out...and punishment-as-spectacle was replaced by prison and a 'micro-physics of power'" (Foucault 1979: 8).

Even in modernity, the body is still an important instrument. Confinement and control of the body is meshed with obligations and restrictions and "punishment has become an economy of suspended rights" (Foucault, 1979, 11). A whole army of technicians, including wardens, primary-care workers, doctors, social workers, psychiatrist and teachers, replaced the role of the executioner involved in the *gloomy festivals* of punishment in the eighteenth century. All of these different modern day technicians control specific parts of the body. In modern penitentiaries, even if explicit pain delivery is not the primary goal, the body remains, as it was, central to penalty. In federal institutions, the body is always a primary focus, and the prison system shapes submissive bodies into what is convenient for them by taking advantage of "their utility and their docility, their distribution and their submission" (Frigon, 2007). The bodies of *high need* women prisoners are monitored, trained and marked.

In order to illuminate the impacts that federal institutions have on *high need* women prisoners, *the body* will be used as a unique theoretical lens. By using *the body* as a critical lens an understanding is created that illustrates and explores the "centrality of the body in the process of punishment" (Robert, Frigon & Belize, 2007: 177), that highlights the precise types of powerful relations that are used to control prisoners within the prison setting. The rise of the *risk society* resulted in prisoners being surrounded and controlled by disciplinary structures and

technologies that manipulate the body in order to produce changes in the mind of these prisoners. Federal institutions inspire to control all aspects of these women's lives (Shantz & Frigon, 2010). Imprisoned women feel that they have lost all control in their lives and of their body. They do not even have adequate access to essential mental health services and medical advice (CSC, 1990). Most federally sentenced women's bodies' have endured sickness and victimization due to their lifestyles prior to incarceration, marking them with abuse, illness and addiction. These lifestyles have adverse effects on their bodies (Shantz & Frigon, 2010). Furthermore, "psychosomatic illnesses (such as insomnia, hypertension and headaches) tend to appear among women prisoners often tied to the stress of trials, incarceration, children..." (Frigon, 2007: 249), which also have undesirable effects on the body of federally sentenced women.

Issues of *the body* are extremely important when understanding penal practices but are seldom theorized thoroughly. However, a handful of scholars⁹ have explored how the body influences criminological and penal practices, concluding that an approach that is "informed, simultaneously, by criminology of the body and sociology of the prison to study health and health care in prison" (Robert, Frigon & Belize, 2007: 176) provides a fruitful advantage and a unique insight.

Imprisonment is imprinted onto prisoner's bodies, and this confinement influences the health of these bodies and in turn health plays an intricate role that impacts the perception of the body. Understanding how the bodies of *high need* women offenders are positioned, marked and controlled can provide an important understanding of the politics of incarceration. The body is an extremely important variable when addressing issues about mental health and health care that must be taken into account. Healthcare resources and programming in prison is controlled by

⁹ Foucault (1979), Feinman (1992), Labadie (1995), Frigon (1995, 1996, 2001, 2002, 2007), Shantz & Frigon, (2010).

bidirectional power relations that radically affect the relationship between healthcare professionals and prisoners. Essentially, “bodies talk and become mediums of a text, a story; in parallel, codes, laws, norms and social ideals are embodied in the bodies” (Robert, Frigon & Belzile, 2007: 176).

Correctional facilities and processes have marked effects on prisoner’s bodies. Suicide, mutilations, self-injurious and self-destructive behaviour are important issues facing federally sentenced women. Using the *body* as a lens, will shed light onto the limitations and deficiencies in resources and programs that are provided to *high need* women within federal institutions.

When analyzing prisons, it is also important to direct attention to the ways in which prisoners subject, comply and resist power. Women’s bodies in prison are a site of control and resistance as they struggle against surveillance and victimization (Frigon, 1996). When women first enter the prison system a degradation ceremony occurs in which prisoners are literally stripped of their identity; they are forced to undress in front of strangers, take showers with a disinfectant and strip searches take place that are geared at humiliating the prisoners (Frigon, 2007; Robert, Frigon & Belzile, 2007). These techniques alienate women and are used to create a *responsible* prisoner that is docile, obedient, submissive and productive. This leads to the disappearance of the body as autonomous (Frigon, 2007).

Federally sentenced women use various strategies of resistance, or some may call them *survival strategies*, including make-up, clothes, tattoos, piercings, exercise, intimate relations, self-mutilation, eating or starving (Frigon, 2007). By marking their bodies and using these techniques women reclaim control of their lives, as compared to the lack of control they have in a prison setting. Art and creativity is another way that federally sentenced women can resist the confining structure of the prison and they can come to empower themselves. Experiences,

desires, stigmatizations and sufferings are imprinted onto their bodies and can be released through creative activities, which many prisons lack access to.

It is essential to understand that despite CSC's attempt to develop task forces, new rationalities, new architectural designs and increased funding, a prison remains a punitive and total institution that produces docile bodies. The control in penitentiaries may be less direct than it was historically, but it remains powerful. Primary-care workers may have replaced correctional officers, promoting relationships instead of static security, but women's bodies are still affected.

5:1 Radical Feminism and "The Body"

There is no private domain of a person's life that is not political and there is no political issues that is not ultimately personal (Bunch-Weeks, 1970: 168).

Radical feminism began at the end of the 1960s, after the civil rights movement. This strain of feminism is shaped by the refusal of certain women to define themselves as compared to men or through their relationship with men. This framework consists of a "denunciation of the patriarchal system, a refusal of idealist explanation of men's oppression and its components, naturalism and biologism" (Descarries-Belanger & Roy, 1991: 11). Radical feminists maintain that women are oppressed and exploited on the basis of their sexual identity, or their body. Radical feminists explore the relationship between biological reproduction and social reproduction and the division of women's lives into private and public realms.

Radical feminism is one of the primary frameworks for this thesis because of its extensive focus on the women's body and voice. Radical feminists believe that a women's body and any choices that may involved her body, are her own. They fight for pro-choice laws by voting to legalize abortion and promote alternative forms of birth control and reproductive freedom including natural contraceptives, abortion and adoption. For radical feminists women's bodies have a positive value that should induce pride rather than shame. They view female

sexuality and the female capacity to bear children as affirming both the power and value of the female body. In the analysis, a radical feminist viewpoint will be used to identify and understand how women are trapped in their bodies in prison and help identify solutions to help these women gain control of their lives, sexuality and their bodies.

6: Conclusion

The use of radical feminism, neo-liberal ideologies and the body lens provides a multidimensional theoretical framework that allows for various points of entry and positioning for the analysis. Using a multi-faceted feminist approach will highlight the various forms and causes of oppression that *high need* women experience. Neo-liberal ideologies help to understand why there was a shift in correctional strategies and policy over the past twenty years, and illustrates how the bodies and minds of *high need* women are controlled and monitored from a distance. An understanding of risk theory/society helps to differentiate between federally sentenced women's *needs* as opposed to their *risks*. Furthermore, risk theory provides an understanding of why these needs and risks are often confused. Lastly, the body is used as a critical lens that explores how central the body is to the punishment process. This lens will highlight the types of power relations that are used within the prison setting in order to transform federally sentenced women into *docile* bodies.

Chapter 3: Methodology

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1: Qualitative Research Design

The methodology used in this thesis consists of a qualitative content analysis of ten Correctional Service of Canada documents and one document from the Office of the Correctional Investigator that explore the needs of high-risk, *high need* and/or mentally ill criminalized women, as well as the programs, tools, and therapies that are offered to these women. This is a qualitative research technique that uses interpretive social science research methods in order to uncover meaning in the text of the documents (Yin, 1994). This wide range of documents was gathered in order to chronicle the shifts, recognition and implementation of policy designed for *high need* women prisoners that were created after 1990. They include:

- 1) *Creating Choices: The Report of the Task Force on Federally Sentenced Women* (CSC, 1990).
- 2) *Mental Health Strategy for Women Offenders*. (CSC, 1997b).
- 3) *Federally Sentenced Aboriginal Women in Maximum-security- What Happened to the Promises of Creating Choices?* (Morin, 1999).
- 4) *Structured Living Environments Operational Plan*. (CSC, 2001).
- 5) *Women Offender Programs and Issues Regional Women's Facilities Operational Plan*. (CSC, 2002b).
- 6) *Mental Health Strategy for Women Offenders*. (CSC, 2002a).
- 7) *Secured Units Operational Plan*. (CSC, 2003).
- 8) *Evaluation Framework for Dialectical Behaviour Therapy with Women Offenders*. (Sly et. al., 2003).
- 9) *Program Strategy for Women Offenders*. (CSC, 2004).
- 10) *Evaluation Framework for Psychosocial Rehabilitation (PSR) with Women Offenders*. (Sly et. al., 2005).
- 11) *Annual Report of the Office of Correctional Investigator 2008-2009*. (OCI, 2009).

The documents were selected due to their focus on high-risk and *high need* federally sentenced women. Out of all the documents published by CSC in the past 20 years, these documents were the most relevant to this study. Firstly, *Creating Choices* (1990) was selected because it was created by the first *Task Force for Federally Sentenced Women* and is the first document in Canadian history that takes an in-depth look at the experiences, needs and expectations of federally sentenced women. This document lays the foundation for women's corrections in Canada and sets the guiding principles for CSC by recommending a women-centered approach to imprisonment. Both of the *Mental Health Strategy for Women Offenders* (1997) and (2002a) provide a framework for the development of mental health services for all women offenders within the CSC and having an updated and outdated version of the same strategy will help chronicle the shifts in therapies, programs and techniques that are used to treat *high need* women in federal institutions. *Federally Sentenced Aboriginal Women in Maximum-security- What Happened to the Promises of Creating Choices* (Morin, 1999) is a very important research study which represents the opinions, observations and suggestions of maximum-security Aboriginal offenders in federal penitentiaries. CSC staff are also interviewed and great insight is given about the procedures, policies and programs that are implemented to reduce security classifications.

The *Structured Living Environments Operational Plan* (2001) and the *Secured Units Operational Plan* (2003) both outline the logic model of these intervention strategies that were implemented to manage *high need* women and describe how staff will be trained and what programs, services and resources will be provided to these women. Furthermore, the *Evaluation Framework for Psychosocial Rehabilitation with Women Offenders* (2003) and the *Evaluation Framework for Dialectical Behavioural Therapy with Women Offenders* (2005) are the first

evaluations of these therapeutic techniques used in structured/secure living environments and will provide insight into whether the treatment strategies most commonly used by CSC for high-risk and *high need* women offenders are following the original objectives and receiving positive results.

The *Women Offender Programs and Issues Regional Women's Facilities Operational Plan* (2002) is central to this thesis because it explores the different processes that occur at the four regional women's facilities and discusses the main issues that federally sentenced women experience. In *The Program Strategy for Women Offender* (2004) Denise Fortin provides the framework for institutional program development and implementation in women's federal penitentiaries. The document outlines the programs that are available to women, their guidelines and the rationale for each type of intervention.

Lastly, the *Annual Report of the Office of Correctional Investigator* (2009) provides a contemporary evaluation of federal institutions for women and the resources in these facilities. This document also provides useful recommendations about how to provide better support and intervention for these *other* women and is a critical point of entry.

2: Body Lens

Jane Ussher, a research director of the Women's Health Research Unit and senior lecturer in psychology at University College, London, notes that theorists, researchers and clinicians need an integrated analysis of the body to move beyond "a position of fragmented and divided thought, towards a more integrated analysis of the body, and of reproduction, madness and sex" (Ussher, 1997: 31). She also believes that in order to understand mental health concerns, an analysis of the body must be taken.

The body lens is a methodological tool that will help explore the services and programs provided to these *other women* (high-risk and *high need*). This lens will uncover the social construction of *high need* women in eleven of the most relevant documents to these women that were produced over the past 20 years. In order to understand healthcare within federal institutions and how these institutions control these women's bodies physically, mentally and emotionally, one must use the body lens to uncover and explore the links between body, care and punishment. Healthcare, interventions and programming within federal institutions is the product of a dynamic set of factors that will be explored in the analysis chapter of this thesis.

3: Conceptualization

This section will specify the exact meaning of key words that will be the focus of this research. The definition of *high need* used in this thesis is formulated around the most relevant and reliable variables and indicators used in previous studies, as mentioned in the literature review. The definition of *high need* used in this paper comes from CSC and involves measuring several interpersonal factors in an offender's life. The identified needs domains are "substance abuse, personal and emotional factors, attitudes and beliefs, social interactions and associations, family and marital relationships, education level and employment skills, and community functioning" (CSC, 2004). For the purpose of this thesis mental illness is also added to the CSC definition. By understanding and assessing a woman's needs important insight is provided into her life history that can aid in rehabilitation.

Also, it is important to note that the definition of high-risk that is used is from CSC and is "maximum-security prisoners that pose a threat to themselves or others" (CSC, 2001). The CSC definition is used as this research seeks to understand how the CSC understands and classifies these types of offenders.

4: Research Questions

This research design entails a descriptive single case study, which aims to generate a hypothesis for later investigation (USGAO, 1990). The specific research questions seek to address some commonly held assumptions about high-risk and *high need* women offenders and explore how these women are affected by imprisonment. These questions are written from a radical feminist perspective and seek to evaluate how high-risk and/or *high need* federally sentenced women's bodies are used and controlled within the prison environment. It is extremely important to understand the impact that imprisonment can have on the identity of these women as well as their physical and mental health. As a researcher I intend to develop an understanding of the following theoretical questions:

1. How are high-risk and/or *high need* women offenders portrayed in Correctional Service of Canada documentation? As a woman *in danger* or as a *dangerous woman*? How has the implementation of the *Intensive Intervention Strategy* (1999) influenced the way that these women are portrayed?
2. How are the bodies of high-risk and/or *high need* women used as an instrument of control by Correction Service Canada? What tools or tactics are used by correctional personnel to control the bodies of high-risk and/or *high need* federally sentenced women?
3. How does the Inter-Disciplinary Team Approach (Part of the *Intensive Intervention Strategy*) influence the experience and treatment of high-risk and *high need* women offenders?
4. How do Structured Living Environments and Secured Units influence the bodies of high-risk and/or *high need* women offenders?

5. Does Corrections Service Canada's mental health strategies and policies (such as the *Intensive Intervention Strategy* (1999), *the Mental Health Strategy for Women Offenders* (1997 & 2002), *Secure Unit Operational Plan* (2003)) for federal women offenders act in accordance with the guiding principles originally proposed and defined by the *Creating Choices* report and, therefore, provide *high need* women with
- a. Empowerment.
 - b. Meaningful and responsible choices.
 - c. Respect and dignity.
 - d. Supportive Environments.
 - e. Shared Responsibility¹⁰.

Question 1 seeks to shed light onto the stereotypical assumptions that are made about women offenders and draws attention to how federally sentenced women are often constructed to be one of two sides of a dichotomy and, in this particular case, as either *dangerous* or *in danger*. This question will also determine if the *Intensive Intervention Strategy* further alienates and stigmatizes high-risk and/or *high need* women.

Question 2 explores the effects imprisonment can have on the bodies of *high need* prisoners and how their bodies are used as an instrument of control by CSC by investigating the tactics and strategies used by CSC to transform these women into *docile bodies*.

¹⁰ The principles defined by Correctional Service of Canada. *Empowerment*: "Empowerment is the process through which women gain insight into their situation, identify their strengths, and are supported and challenged to take positive action to gain control of their lives" (CSC, 1990). *Meaningful and Responsible Choices*: "Women need options that allow them to make responsible choices" (CSC, 1990). *Respect and dignity*: "Mutual respect is needed among offenders, among staff and between the two" (CSC, 1990). *Supportive Environments*: "The quality of the environment (both physical and emotional) that can promote physical and psychological health and personal development" (CSC, 1990). *Shared Responsibility*: "A shared role for all levels of government, corrections, volunteer organizations, businesses, private sector services, and the community to play in developing support systems and continuity of service for women offenders" (CSC, 1990).

Question 3 and 4 specifically explore the intervention and therapeutic techniques and strategies implemented for *high need* women offenders. They include the Inter-Disciplinary Team Approach and Structured Living Environments/Units. These research questions explore the strengths and limitations of each approach in hopes of also finding alternative approaches that could be used to treat this extremely unique population.

Lastly, question 5 evaluates whether mental health strategies used by Correctional Service of Canada act in accordance with the five guiding principles that were created in the *Creating Choices* report and are said to be the guiding principles of women's corrections in Canada.

5: Research Design & Tools

This is an exploratory research design with two prime aims. The first is to satisfy a desire for better understanding and the second is to determine the possibility of undertaking a more extensive study (Babbie, 1999: 72). This type of research is essential “whenever a researcher is breaking new ground, and they can almost always yield new insights into a topic of research” (Babbie, 1999; 73). However, a major shortcoming of this type of research is that it is extremely difficult to provide satisfactory answers to all of the research questions. On the other hand, exploratory research can provide insight into the research methods that would be necessary to provide more definitive answers.

An exploratory research design is the most appropriate choice for this study because the theoretical research questions that guide this research ask *why* and *how*. These are exploratory questions that deal with “operational links that need to be traced over time, rather than mere frequencies or incidence” (Yin, 2003: 6). This type of research design is proposed because the researcher has minimal control over the events and the focus is “on a contemporary phenomenon

within some real life context” (Yin, 2003: 7). It is important to note that this case study will attempt to produce findings that are generalizable to theoretical propositions, not to populations.

5:1 Case Study

This exploratory study will focus on the services and programs provided to *high need* and/or high-risk women offenders by coding eleven documents (please see previous section for a list of documents). Case study research is often labelled a weak competitor in comparison to other social science methods (Yin, 2003). However, for this project the case study method is ideal because it will allow for a more comprehensive understanding of how *high need* and/or high-risk women offender’s bodies are controlled and monitored in prison and how these women are socially constructed. This case study will force the researcher to be immersed in the data contained in the eleven documents. Once this data was organized, it was interpreted and meaning was assigned to it.

In order to overcome traditional critiques of this method of inquiry, great care was taken in designing this case study. Case studies are used to contribute to our knowledge of individual, group, organizational, social, political and related phenomena. They allow researchers the ability to retain the holistic and meaningful characteristics of real life events. An exploratory case study is justified in this sense because its goal is to develop pertinent hypotheses and propositions for further inquiry. The case study method is preferred when examining contemporary events, over which researchers have little or no control and is extremely relevant when behaviours cannot be manipulated. Therefore, case study analysis is an ideal methodology for this research project.

When done carefully an exploratory case study design can be a comprehensive research strategy (Yin, 2003: 14). The case study as a research strategy comprises an all-encompassing method-covering logic of design and data-collection techniques if attention is paid to negative

cases and sufficiently plausible alternative explanations are offered. The goal of this proposed research will be to suggest hypotheses for further study and specific examples by which to test general theories.

5:2 Conventional Content Analysis

Conventional qualitative content analysis was used. This is a systematic attempt to examine verbal, visual or written communication. Content analysis provides not only a means of data collection, but also an analyzing strategy. The data collected was deconstructed in order to identify any apparent patterns or themes. Data was analysed and the researcher looked for patterns and themes through both manifest and latent coding.

The coding chart that was used objectively and systematically was divided into several sections which examined the effectiveness of the *Intensive Intervention Strategy*, whether high-risk and/or *high need* women are perceived to be *in danger* or *dangerous*, and how the body is used as a mechanism of control. The researcher created the coding chart in accordance to the research questions. Each document was coded several times. Relevant information from the documents was put into the appropriate category in the coding chart and as the documents were coded for manifest and latent content, themes began to emerge.

A deductive approach was used. The coding scheme was developed based on themes ascertained from the literature review and the logic model. Data coded was sorted into associated thematic categories and then patterns in the data was sought out and negative cases were also be accounted for (Berg, 2007). This method illuminated trends, patterns and themes in the literature.

The coding chart is as follows:

Article: Date:	Author:
The Mandate and Objectives of the Document (both latent and manifest)	•
Recommendations from Document	•
In danger or dangerous?	•
What are the important issues that are experienced by high-risk and/or <i>high need</i> FSW?	•
Body lens	•
Programming	•
Strengths and limitations of dialectical behavioural therapies and psychosocial rehabilitation techniques for those suffering from mental, emotional or behavioural disorders	•
How does the Inter-Disciplinary Team Approach influence the experience and treatment of high-risk and <i>high need</i> women offenders?	•
How do Structured Living Environments and Secured Units adhere to the specific needs of high-risk and/or <i>high need</i> offenders?	•
Under these strategies are women given: 1) Empowerment	•
2) Meaningful and responsible choices.	•
3) Respect and dignity.	•
4) Supportive Environments.	•
5) Shared Responsibility.	•
Limitations/ Strengths of Article	•
Any other important information:	

It is important to note that the section of the coding chart that inquires about the intervention strategies proposed by the *Intensive Intervention Strategy* (row 7, 8 and 9) will only be applicable to documents created after 1999. The documents will be coded in chronological order in order to illuminate any themes or evolutions that have occurred.

6: Limitations/ Further Implications

This thesis shed light onto the unique experiences of high-risk, *high need* federally sentenced women and illustrates the importance of women's bodies in the correctional process. This study draws attention to deficiencies and strengths in the services provided to *high need* and/or high-risk federally sentenced women. This thesis will help turn knowledge into practice by providing suggestions and recommendations for programs and strategies that are appropriate and beneficial to high-risk and/or *high need* women offenders.

Case studies can be fruitful sources of information about time, order and causal mechanisms, but may not represent all narratives. There are many limitations to this research design. Case studies only provide a subjective understanding of an experience and can oversimplify complex events and environments. It can also become difficult or overwhelming for the researcher to determine how different parts of the narrative fit together.

Despite the case study approach being criticized for its subjectivity, where there is minimal information surrounded a particular topic, as there is with *high need* federally sentenced women, it is crucial that case study methodology is used so that the researcher can immerse themselves into the data in order to reveal more comprehensive conclusions regarding that specific topic. Therefore, in-depth analysis through the literature of the effectiveness of mental health strategy and policy that was imposed by CSC on federally sentenced women is a fruitful inquiry.

Content analysis requires more than just reading what is there. It involves “generating useful credible qualitative findings through observation, interviewing and content analysis requires discipline, knowledge, training, practice, creativity and hard work” (Patton, 2002). A major advantage of this research design is that the knowledge generated is grounded in actual data, and reveal this information by using both rigid and flexible properties that guide exploration of anticipated topics that may be unpredictable. This type of analysis allows the researcher to identify patterns and schemes in an objective and systematic way. This measure is unobtrusive and non-reactive. It is an economic approach because it is efficient financially and in regard to time. It is also a safe way to study offending populations. However, content analysis is very easily subject to distortion and is limited to recorded communications and is dependent upon what information you have access to.

Furthermore, content analysis can fail to provide a complete understanding of the experiences of *high need* and/or high-risk federally sentenced women, due to failure to identify key categories and processes, as these key categories are usually pre-determined. In order to ensure that the variables measure theoretical constructs, clear definitions and coding schemes were created in order to ensure all necessary indicators are identified in the coding process. The credibility of this research will be established through negative case analysis and ensuring high validity and reliability.

This research has strong face and content validity; the description of measures cover a full domain of content and the operationalization of variables is a good translation of the construct. In regard to external validity, the findings of this study will not be generalizable to all federally sentenced women in Canada, only those who are high-risk and/or *high need*.

This thesis will consist of a thorough and exhaustive analysis of all relevant documentation on CSC mental health strategies and policies that were implemented since 1990. In order to ensure reliability, codebooks were used to keep careful records. To ensure intra-rater reliability, documents were be coded multiple times.

Most of the research that evaluates federal mental health polices and strategies for women have been done by Correctional Services Canada personnel. The aim of this research is to provide a unique and critical point of entry. A main weakness of this project is potential missing information. Most units of analysis are Grey Literature¹¹; this can be problematic because these documents were created for a purpose that does not align with the analysis. Information sources are being used that are not intended to be examined for the purpose of this study. Furthermore, it is impossible to uncover the subjective experiences of *high need* federally sentenced women without actually interviewing them, therefore this perspective is not be accounted for. This project could also benefit from a firsthand observation of Structured Living Environments and Units, however due to ethical considerations and time constraints such an arrangement is very difficult to obtain. Despite the shortcoming of these potential information sources, this proposed research will investigate multiple data sources in order to create ‘thick’ (USGAO, 1990) descriptions that will help check for trends, narrow down competing explanations and contribute to findings.

There are also many strengths and weaknesses from evaluating mental health policy and strategies from a feminist perspective. A critical radical feminist perspective has the potential to give voices to those who are disadvantaged and stigmatized, such as high-risk and/or *high need* offenders. It is important to note, that only focusing on gender is an inadequate theoretical

¹¹ Grey Literature is the term used for documents that are created outside the formal channels of publication and distribution. For example, patent documents, government documents and laboratory reports.

framework for this research because the diversity amongst federally sentenced women is ignored. In order to obtain a comprehensive and accurate understanding of federally sentenced women, a multi-faceted understanding of the inequalities and hardships that these women experience must be taken into account. The inequalities and barriers that federally sentenced women face were be examined “not as additive and discrete, but as intersecting, interlocking and contingent” (Daly, 1997, p. 33).

Avoiding the holistic fallacy and guarding against biases was another challenging component of this research. Although it may be difficult, the coding chart will be used to interpret every theme objectively and hypotheses were set aside while analyzing data. In order to avoid the holistic fallacy, careful consideration was taken when explaining thematic categories and exceptions will also be recorded. Regarding ethics, the documents used for this research are all public and, therefore, do not require special permission to access.

Lastly, qualitative analysis allows the researcher to gain a rich and precise understanding of a specific topic. This thesis chronicles the shifts and implementation of a number of policies focusing on women’s corrections and evaluates the implications of these strategies. The next chapter will reveal and discuss the results.

Chapter 4: Results and Analysis

Chapter 4: Results & Analysis

Events in Canada [are] entirely consonant with other attempts at penal reform – they demonstrate the unfailing ability of the prison to reassert its supremacy over those attempting its reformation (Hayman, 2006: 256).

After coding the eleven documents¹² it has become apparent that *high need* women offenders do not fit into the new theories of imprisonment that were outlined in the *Creating Choices* (1990) vision. Despite appearing to be rhetorically progressive, Correctional Services Canada's attempt at creating a *women-centered* mental health strategy uses contradictory disciplinary techniques that control and restrain the bodies of federally sentenced women in hopes of normalizing the behaviours of *high need* women. In fact these radical changes in policy and strategies (CSC, 1990; CSC 1997; CSC, 1999; CSC, 2001; CSC; 2002a; CSC, 2002b; CSC, 2003; CSC, 2004) fall into an extensive body of knowledge that is created by progressive feminist and Aboriginal groups who lend their support to reformist initiatives and in turn give legitimacy to these projects (CSC, 1990; CSC, 1997; CSC, 2002b) that they are unable to control the outcome of (Hannah-Moffat, 2001; Hayman, 2006). These documents have failed to make any substantial changes in women's prison reform and have only resulted in a different form of regulation and control. The new regional facilities that were built after *Creating Choices* (1990)

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- 1) *Creating Choices: The Report of the Task Force on Federally Sentenced Women* (CSC, 1990).
- 2) *Mental Health Strategy for Women Offenders*. (CSC, 1997).
- 3) *Federally Sentenced Aboriginal Women in Maximum-security- What Happened to the Promises of Creating Choices?* (Morin, 1999).
- 4) *Structured Living Environments Operational Plan*. (CSC, 2001).
- 5) *Women Offender Programs and Issues Regional Women's Facilities Operational Plan*. (CSC, 2002).
- 6) *Mental Health Strategy for Women Offenders*. (CSC, 2002).
- 7) *Secured Units Operational Plan*. (CSC, 2003).
- 8) *Evaluation Framework for Dialectical Behavior Therapy with Women Offenders*. (Sly et. al., 2003).
- 9) *Program Strategy for Women Offenders*. (2004).
- 10) *Evaluation Framework for Psychosocial Rehabilitation (PSR) with Women Offenders*. (Sly et. al., 2005).
- 11) *Annual Report of the Office of Correctional Investigator 2008-2009*. (OCI, 2009).

were not designed for *high need* women, despite the fact that the majority of federally sentenced women are in fact *high need*. After the death of a women prisoner, several suicides, self-mutilations and escapes in the new regional facilities, rather than investigating into the specifics of these incidents, Correctional Service of Canada immediately concluded that these incidents were a result of insufficient security measures and developed the *Intensive Intervention Strategy* (IIS) which has opportunistically transformed these regional facilities into maximum security prison (Faith, 2004). The rest of the “minimum security institutions followed suit hiring more staff, constructing high double chain-linked fences topped with coiled razor wire and installing radar detection, camera, tape recorders and other security devices” (Faith, 2004: 284).

Furthermore, the development of the *Secured Units Operational Plan* (2003), a major part of the IIS which is supposed to address the needs of mentally ill and *high need* women offenders is a complete contradiction of the principles promised in *Creating Choices* (1990). No matter how many times the words *empowerment, shared responsibility, meaningful and responsible choices, supportive environment* and *respect and dignity* are articulated in a document¹³, does not mean that the processes or recommendations in that document will actually provide federally sentenced women with these necessities. The Task Force on Federally Sentenced Women promised that after *Creating Choices* (1990), corrections would take the “Wisdom of the past and apply it to the knowledge and goals of the present” (CSC, 1990: 37). What happened? It is almost a quarter of a century later and so much progress still needs to be made. Academics have become increasingly skeptical about whether it is even possible for a prison to truly embody the utopian principles of *Creating Choices* (Faith, 2004; Hannah-Moffat, 2006; Hayman, 2006; Kilty, 2006; Pollack, 2005; Shantz & Frigon, 2010; Shaw, 2001). Female penitentiaries may be *prisons in pink* (Harris, 2006), but nonetheless they are still prisons. The walls of these prisons and living

¹³ In *The Program Strategy for Women Offenders* (2004) these words appear 48 times.

units that are painted in pastel colors once marked the hopes of creating a community that was rooted in ‘freedom’, support, responsibility and choice that promised a rehabilitation strategy within a correctional enterprise. These *new prisons* now offer empirical and symbolic evidence that punishment and healing practices cannot be provided, as these opposing ideologies are incompatible. The policies and strategies regarding *high need* and/or high-risk women do not reflect the primary principles of *Creating Choices* (1990) and throughout this analysis it will be argued that the policies and strategies developed for *high need* women offenders are in fact moving in the opposite direction as managerial techniques and tools are used to control, regulate and restrain the bodies of high need women. *High need* women offenders are not only imprisoned in federal institutions, but also in their bodies. This analysis will use a radical feminist framework to explore the tools that have been used by the Correctional Service of Canada to control and restrain the bodies of *high need* women offenders. It will examine how these control tactics influences the power and value of federally sentenced women’s bodies and will explore the implications of such control tactics imposed by CSC.

1: Foucault and the Body Lens

In Michel Foucault’s groundbreaking book *Discipline and Punish* (1979) he examines how the body is related to social, theoretical and physical mechanisms that are used in corrections to control and punish prisoners. The book commences as Foucault describes a grotesque public execution from 1757. Foucault then compares this incident to an account of prison rules from 1837 and reveals how a new order of law developed. Foucault argues that since the eighteenth century *punishment as spectacle* has disappeared and since then there has been “a slackening of the hold on the body” (Foucault, 1979: 10). He believes that in modernity the body is touched as little as possible and that the body is only used to reach something other than the

body itself, the soul. Therefore, the idea of torture and punishment has evolved from a public spectacle into a private, maybe even spiritual event (Foucault, 1979). There may be restrictions or limitations on how you can physically punish the body, but the soul allows for new possibilities and dimensions of discipline. Although it could be argued that contemporary techniques used in prison such as solitary confinement, segregation and forced labour are all ‘physical’ penalties that do in fact affect the body, Foucault maintains that “the punishment-body relation is not the same as it was in the torture during public executions” (Foucault, 1979: 8).

Furthermore, Foucault argues that in modernity punishment has now become one of the most hidden parts of the penal process (Foucault, 1979: 9). Prisons are a new instrument of punishment. Prisoners are now surrounded and controlled by “disciplinary structures and technologies that act on the body to produce changes on the mind” (Shantz & Frigon, 2010: 7). In Canadian federal penitentiaries the hierarchy of power relations is an indispensable element, which ensures that prisoners are subordinate and dependent upon the enforcers. Penitentiaries for women regulate and control all aspects of the prisoner’s lives (Shantz & Frigon, 2010), especially *high need* women. However, Foucault fails to point out that just because punishment has become more hidden does not mean it became less severe.

Through the body lens and a radical feminist perspective, it is apparent that when women are constructed as criminal subjects, their bodies are at the core of this construction (Frigon, 1996). In penitentiaries for women the body is an instrument or intermediary as it is supervised, abused, neglected, tortured and controlled depriving federally sentenced women of liberty and suspending their rights (Frigon, 2007). Therefore, the body is “caught up in a system of constraints and privations, obligations and prohibitions” (Foucault, 1979: 11) and the women prisoner is now governed from a distance with a much higher goal. Instead of an *executioner*,

numerous individuals, therapeutic interventions and techniques are used to control, manipulate and restrain the body of women offenders: wardens, primary care workers, team leaders, behavioural counselors, nurses, community integration works, psychiatrists, dialectical behavioural therapy and psychologists (CSC, 1990; CSC, 1997; CSC, 2001; CSC, 2002a; CSC, 2002b; CSC, 2003). By isolating prisoners and observing their behaviours, federally sentenced women have become knowable and have been transformed into compliant bodies (Frigon, 2007). Although the walls of these prisons are painted in pastels, these prisons exercise the control that is central to a total institution (Faith, 2004; Shantz & Frigon, 2010). Confinement, which marks the body, employs various mechanisms onto federally sentenced women that are used to deploy, exploit, govern and shape their bodies. These *docile bodies* are ideal because discipline is able to take place in penitentiaries for women without the use of excessive force and with only careful observation (Foucault, 1979). Therefore, thoughts and actions of *high need* women offenders are controlled by front line workers in order to mould these women accordingly. The bodies of these *high need* women are shaped into whatever is convenient and practical for the penitentiary (Shantz & Frigon, 2010).

Despite finding Foucault's analysis of the body and punishment very useful, in this analysis various examples will be provided to illustrate how the body is still a central feature, if not the *most* central feature of punishment. Although punishments may not be as grotesque as they were hundreds of years ago, the body is still the primary tool (even if governed from a distance) that is used when disciplining, supervising and controlling federally sentenced women. Although Foucault's revolutionary ideas provide a substantial framework for the analysis section of this thesis, it is important to note that Foucault is missing important variables in his equation. The physical nature and the ultimate goal of punishment may have changed, but in contemporary

prisons “punishments are still situated in the body and continue to have real and lasting effects on prisoners corporality” (Shantz & Frigon, 2010). Despite Foucault’s extremely visionary ideas and theories, Foucault passed away in 1984 and therefore various elements of modern penality are missing from his analysis. Foucault never witnessed the punitive and sadistic measures that have taken place at Guantanamo Bay, was never exposed to the new regime of contradictory empowerment ideologies used in prisons, the use of intrusive therapeutic techniques, and the Big Brother technologies such as electric monitoring that are used to control federally sentenced women. Finally, as argued throughout this thesis, women have a very different set of needs and assessments than their male counterparts, and yet Foucault never added women to the equation of discipline and punish. The bodies of *high need*, high-risk federally sentenced women are still invested, trained and marked, perhaps even more so than men. In this analysis I will extend Foucault’s theoretical framework found in *Discipline and Punishment* (1979) to include modern correctional systems and women offenders.

1:2 Tools Used to Control High Need Women Offenders

You can locate women’s oppression in her oppressive body

(Frigon, 1996: 86).

Radical feminist celebrate the importance of women’s bodies and their voices as they believe that a women’s body and any choices that may involve her body, are her own. Radical feminists maintain that women’s bodies have a positive value that should induce pride rather than shame. However, a vast majority of society believes that women’s bodies and minds are considered to be the product of feminism, which is considered by many to be unpredictable and illusive in nature (Benn, 1993). This marks women as potentially dangerous, which in turn “requires control and treatment” (Frigon, 1996:103). It was evident in almost all of the

documents coded (CSC, 1990; CSC, 1997; CSC, 2001; CSC, 2002a; CSC, 2002b; CSC, 2003; Morin, 1999; Sly & Taylor, 2003; Sly and Taylor, 2005; CSC, 2005; OCI, 2009) that the bodies of women offenders are controlled, monitored and ‘tortured’ by several tools imposed by Correctional Service of Canada. These tools include unnecessary use of secured units, illegal use of force (strip searches, pepper spray), humiliation, various rituals of degradation, management protocols, dynamic security, inappropriate segregation, inappropriate classification and several other neo-liberal strategies that help correctional personnel govern the bodies of offenders from a distance (Faith, 2004; Frigon, 2007; Hannah-Moffat, 2006; Hayman, 2006; Kilty, 2006; Pollack, 2005). Despite progressive strategies, task forces, and modern architecture, the fundamental principle of prisons is still punishment.

Prisons are carceral institutions that are used to produce *docile bodies* (Frigon, 2007; Foucault, 1979). Although control may appear to be “softer”, it remains nonetheless and is extremely powerful as it is diffused through the population through technologies of the self. Correctional officers are now called *primary care workers*. Segregation units are now called *transition units* (CSC, 2003). This shift in terminology is problematical because it denotes an inaccurate understanding of the tools used by CSC. It appears as though CSC is trying to suggest that guards are social workers, however there are inherent ethical problems with this including trust and punishment enacted by the people working in these positions of authority.

The quest for a *women-centered* prison system “reproduces and obscures complex and ambiguous relations of power” (Hannah-Moffat, 2001: 5). Penal controls on federally sentenced women who are high-risk and/or *high need* became more intense with the development of various tools used to control this population, which we will now examine.

1:3 Secured Units

With the introduction of the *Secured Unit Operational Plan* (2003) there was the creation of five small maximum-security prisons for women. Despite the document's top priority, "First and foremost, the Secure Units must be a *safe, secure and humane environment* for both the staff and prisoners" (CSC, 2003:), these units constrict bodies of *high need* women by coercively controlling, monitoring and restraining their possibility for free choice and individual agency (Hayman, 2006). With the emergence of the *Secured Unit Operational Plan* (2003) it became evident that feminist approaches and women-centered ideals are once again being replaced by traditional punitive correctional practices as women who are *high need* or difficult to manage are put into secure units, which are very similar to a long-term segregation unit (Hannah-Moffat, 2002; Hannah-Moffat; 2006; Hayman: 2006). It is outlined in the operational plan that the "Secure Unit will have some program space but will *not* have dedicated spaces for visiting, gym, health services, specialized program rooms, vocational areas..." (CSC, 2003). However the operational plan does not designate what "some program space" entails. Considering these women are in need of the most intensive therapeutic interventions and programs this philosophy is extremely problematic. The creation of intensive enhanced units was not a part of the *Creating Choices* (1990) strategy. Academics suggest that the Task Force on Federally Sentenced Women's failure to plan prescriptively for high-risk and *high need* women offenders inadvertently enabled CSC to determine its own solution to the issues of *high need* women that are *not* women-centered (Faith, 2004; Hayman, 2006).

1:4 Management Protocol

The management protocol was introduced in 2003 and is a neo-liberal strategy that justifies the CSC's use of segregation units. The main purpose of the protocol is to offer a solution when women offenders act out or become difficult to manage at regional facilities. This includes when

prisoners put themselves or others in danger, swear, speak out or refuse to participate in mandatory activities. In the *Annual Report of the Office of the Correctional Investigator* (2009) Howard Sapers asserts “The management protocol for women offenders should be immediately rescinded pending further review by an external expert in women's corrections” (OCI, 2009). In fact, women offenders can be placed on management protocol if they were involved in any issue that “may have” involved harm to others or when she cannot be managed with the other maximum-security populations (CSC, 2004). Sapers urges that these units are remarkably similar to the ultra-secure Special Handling Unit (SHU) that is used for federally sentenced men. It is not necessarily a formal placement, but rather a security-driven management tool that labels women offenders with a *status* (OCI, 2009).

Once put on this protocol, the resources, leisure activities and correctional programs that are available to these women become even more limited (OCI, 2009). In fact, “Time on the protocol is measured in months, not days” (OCI, 2009). This tool is extremely counterproductive because women put on this protocol are the ones that are in the most need of intensive assistance and support. Once again, this illustrates that women’s corrections are becoming more punitive as opposed to corrective as deprivation can fundamentally affect the emotional and mental health of the offender (Arbour, 1996; Bernier, 2009; CSC, 1990; Hayman, 2006). The management protocol completely contradicts *Creating Choices*. In the 21st century, there are more dynamic creative measures, that will be described later in this chapter, that can be used to assist this *high need* prison population.

2: Neo-liberal Ideologies and Strategies

As argued in the literature review, neo-liberal strategies are emerging in the correctional realm and include a set of techniques used by the Correctional Service of Canada that allow the service to diffuse responsibility amongst offenders rather than the institution. In a majority of the

documents coded (CSC, 1990; CSC, 1997; CSC, 2001; CSC, 2002; CSC, 2002; CSC, 2003; CSC 2004) Correctional Service of Canada is looking to *govern women offenders from a distance* by emphasizing distinct neo-liberal strategies and tactics (Hannah-Moffat, 2000b; Frigon, 2007). These strategies will now be explored.

2:1 Shared Responsibility

In a majority of the documents (CSC, 1990; CSC, 1997; CSC, 2001; CSC, 2002; CSC, 2002; CSC, 2003; CSC 2004) Correctional Service of Canada personnel called for *shared responsibility* and maintained that “Governments at all levels, corrections workers, voluntary sector services, businesses, private sector services and community members generally must take responsibility as interrelated parts of society” (CSC, 1990:111). It is argued in the *Creating Choices* (1990) report that shared responsibility will foster the independence and self-reliance of women offenders, and will enable them to take responsibility for their actions. Furthermore, in the *Mental Health Strategy for Women Offenders* (2002), CSC insists that

the involvement of other professionals such as social workers, occupational and recreational therapists, and chaplains should be considered, where appropriate, in the delivery of mental health programs and services (CSC, 2002).

Oddly enough this does not seem to be the case. In SkyBlue Morin’s *Aboriginal Women in Maximum Security* (1999) it is evident that the *high need* women offenders that she was interviewing did not feel that they had *any* support, let alone a whole network of professionals and community resources at their fingertips (Morin, 1999). Furthermore, it is difficult to imagine *high need* women confined in Secured Units receiving any type of diverse support system that was essential to treatment ideologies and philosophies proposed in *Creating Choices* (1990). Correctional Service of Canada contradicts its initial definition of the term and state that *shared responsibility* is given to *high need* women offenders through Dialectical Behavioural

Therapy and Psychosocial Rehabilitation in these units (CSC, 2003). Through these treatments shared responsibility is allegedly created and federally sentenced women learn to take responsibility for their actions and act as independently as possible. These therapeutic techniques will be described in more detail later in the analysis. Ironically, coding revealed that the women who are most in need receive the least support.

2:2 Dependency Discourse

Shoshana Pollock's defines dependency discourse to be "an ideological term that contains gendered, racist and classed assumptions" (Pollack, 2000a: 72). Terms were identified in several of the documents coded that constructed *high need* women offenders as "dependent". For example, in several documents (CSC, 1990; CSC, 1997; CSC, 2001; CSC, 2002a; CSC, 2002b; CSC, 2003; CSC, 2004) Correctional Service of Canada uses liberal notions of dependency throughout the reports and this is problematic because it constructs women offending to be a product of "individuals' personality characteristics that render them dependent, which thereby constructs dependency as a form of women pathology" (Pollack, 2000a: 72). For example, in *Creating Choices* (1990) women were stigmatized and described as dependent creatures; "dependent on men, alcohol, drugs and/or financial assistance" (CSC, 1990: 56). This statement assumes that women's crimes are a result of their dependence and victimization. In the *Mental Health Strategy for Women Offenders* (1997) *high need* women are described as coming from "marginalized backgrounds" (CSC, 1997). In the *Mental Health Strategy for Women Offenders* (2002) prisoners are depicted as having "chemical dependency" (CSC, 2002). In the *Secured Unit Operational Plan* (2003) *high need* women offenders are described as having "past victimization [that] may also lead to behaviour difficulties" (CSC, 2003)

This dependency discourse is created through social relations of subordination (Balfour & Comack, 2006). These relations are gendered and racist and problematically shape policies, practices, discourses and recommendations, such as *Creating Choices* and both *Mental Health Strategies* (1997 & 2002). Therefore, latter documents (CSC, 2002b; CSC, 2003; CSC, 2004) promoted for dynamic security through surveillance, therapy and programming. This is problematic because these strategies aim at controlling the stereotypical character traits of *high need* women that are constructed through dependency discourse. In SkyBlue Morin's research, the maximum security women offenders that she interviewed bore little resemblance to the fragile vulnerable women that were portrayed in the *Creating Choices* report (Morin, 1999).

2:3 Empowerment

As articulated in the theoretical framework, empowerment is a key feature of neo-liberalism. Through the use of a body lens, it is evident that *high need* women are regulated, not empowered. In many of the documents (CSC, 1997; CSC, 2001; CSC, 2002a; CSC 2002b, CSC, 2004) correctional mental health practices and strategies use psychological discourse as a tool that regulates, monitors and controls women offenders, as opposed to providing them with empowerment, a supportive environment and/or meaningful and responsible choices.

The ideals of *Creating Choices* (1990) were not implemented in practice and instead Correctional Service of Canada laced their official correctional documents with feminist terminology, which allows "CSC first to adopt and then to determine the languages subsequent interpretation" (Hayman, 2006: 239). It was a strategy that allowed CSC to alleviate accountability and to emphasize the personal responsibility that women offenders would have in their rehabilitation. While producing *Creating Choices* (1990) the Task Force on Federally Sentenced Women did not come face to face with the reality of prison: choices in prison are

severely restrained and limited due to a loss of freedom and disciplinary techniques. This type of coercive atmosphere limits the possibility of *empowerment, meaningful and responsible choices, supportive environments, shared responsibility* and *respect and dignity*. Furthermore, *high need* women are encouraged to make responsible choices about treatment and programs, as defined by Correctional Service of Canada, and not as defined by the women themselves.

2:4 Dynamic Security

The idea of dynamic security was first mentioned in the *Creating Choices* (1990) report as a way to replace current security by “the provision of a healthy environment, supportive staff and a good planning process” (CSC, 1990: 91). Dynamic security was recommended by the Task Force in hopes of allowing “federally sentenced women to utilize the legislated period of incarceration to confront and resolve the trauma underlying their inner-directed anger” (CSC, 1990: 91). Therefore, *Creating Choices* (1990) urged that all women prisoners, regardless of their classification, should be allowed to respond to supportive and energetic intervention.

The issue of *dynamic security* is swept under the rug and does not appear again in any of the documents that were coded until 2002 in the *Women Offender Programs and Issues Regional Women’s Facilities: Operational Plan*. In this document the issue of static security versus dynamic security is addressed as the plan asserts to use both forms of security together. Dynamic security is defined in the document as “any activity that promotes or contributes to a safe and secure correctional environment by encouraging constructive relationships and by increasing awareness of factors that contribute to or detract from a safe and secure environment” (CSC, 2002). Therefore, frontline workers are expected to have an integrated role in security as well as in case management. Static security, on the other hand, refers to direct tools that are used by correctional personnel to control prisoners such as “locked doors, alarmed doors and windows,

restraint equipment, fencing, detection systems and camera observation” (CSC, 2002). This document further asserts that these two security principles should be used conjointly to provide the essential balance of needs and risk inside the institution (CSC, 2002)

Once again, in the 2003 *Secured Unit Operational Plan*, there is the use of this security principle. As this document maintains that the *Intensive Intervention Strategy* (1999) is comprised of two essential elements “static security (increased compared to the level of security for the minimum and medium security women) and increased staff-offender interaction” (2002). This report outlines that all Secure Units must have “sufficient numbers of well-trained staff to allow for intensive intervention and dynamic security using an inter-disciplinary team approach that combines elements of good correctional intervention, dynamic security, appropriate programming and mental health intervention” (CSC), 2003. The document ideologically maintains that dynamic security allows for fewer electronic or static barriers and more one-on-one interaction between prisoners and workers. In fact, penitentiaries for women are currently more barred, fenced and monitored than ever before (Faith, 2004).

Despite good intentions, in the *Annual Report of the Office of the Correctional Investigator* (2009), Sapers argues that there are “fatigued, stressed and under-trained front-line staff working in overcrowded facilities” (OCI, 2009). The Correctional Investigator makes a recommendation that encourages

correctional service [to] refresh and reinforce the principles and practices of dynamic security in the following areas: strengthen its dynamic security training module for all new recruits so that the significance and benefits of this correctional approach are clearly understood; develop and implement a dynamic security refresher training module for all staff to be delivered as soon as is practical; identify specific accountabilities for correctional managers to ensure every prisoner is seen and engaged on a regular basis; and ensure regular rounds and counts are verified and conducted according to policy (OCI, 2009).

There are several gaps in dynamic security (OCI, 2009). Using punitive and restrictive disciplinary techniques does not constitute rehabilitation. The overuse of sanctions, punishments and displays of force does not produce sustained behavioural change, nor do these practices make for safer institutions. More progress can be made if a productive living environment is made for prisoners and staff that offers “positive incentives, programming, and meaning and regular engagement and interaction than one that adopts punitive attitudes that reinforce an ‘us vs. them’ mentality” (OCI, 2009). Dynamic security, while having the intent of providing an essential component to the holistic approach adopted in CSC strategies, is not implemented. The *dynamic security* currently imposed in women prisons is once again opposed to the principles of *Creating Choices* (1990). Essentially, *dynamic security* is the politically correct name of a tool that allows more correctional workers to watch and control the bodies of federally sentenced women.

3: Resistance Strategies Imposed by Women Offenders

Federally sentenced women’s bodies were documented by Shantz and Frigon to be used as sites of control and sites of resistance in the prison environment (Shantz & Frigon, 2010). As radical feminists maintain, women express themselves through their bodies, as it is one of the only things they have complete control over (or should have complete control over). After coding the documents it is apparent that *high need* federally sentenced women have a difficult time with the surveillance and victimization that is central to imprisonment. However, in order to protect themselves from the extent of control they are exposed to, imprisoned women have the potential to transform their bodies from sites of punishment into sites of resistance (Frigon, 2007). These women struggle with various forms of surveillance and victimization and deploy various strategies such as “make up clothes, tattoos, piercings, exercise, intimate relations, eating

or starvation” to reclaim some degree of control over their bodies. Women may even use their “assumed gender role, feminist identity, sexuality, religion or belief system, actions, thoughts and appearances (Frigon, 2007: 248) in order to minimize the amount of control that the prison exerts on them. By making bold statements, and adorning or even mutilating their bodies these women are able to reclaim control over their lives, despite being promised *empowerment, respect and dignity* along with *responsible and meaningful choices* (CSC, 1990; CSC, 1997; CSC, 2001; CSC, 2002a; CSC, 2002b; CSC, 2003).

These resistance strategies are supposed to be monitored and controlled by CSC personnel through the use of dynamic security (CSC, 2004). Foucault notes that resistance works as a “...chemical catalyst so as to bring to light power relations, locate their position and find out their point of application and the methods used” (Foucault, 1979: 33). Therefore, the resistance strategies employed by women prisoners gives important insight into the power dynamics within penitentiaries for women and unjust practices that these women fall victim to (Shantz & Frigon, 2010).

Furthermore, women tend to direct their anger towards themselves as opposed to outwards as men tend to do (Frigon, 2007). Therefore, self-mutilation (which is common among *high need* women offenders) is considered to be a survival strategy that helps women unleash the pain that the experience of imprisonment induces onto their bodies (Frigon, 2007; Shantz & Frigon, 2010). Through the process of self-mutilation, “women literally recount their lives with the traces of lacerations” and “each laceration tells a story of isolation, desperation, and loneliness” (Frigon, 2007: 248). Self-harming incidents will now be explored in greater detail.

3:1 Self-Harm Incidents

The Ashley Smith case, which the Correctional Investigator labelled a *preventable death* (OCI, 2009), illustrates how prevalent issues of self-harm and segregation are for *high need* women in prison. For Smith, self-mutilation was treated as a security issue instead of a mental health issue (OCI, 2009). In the four Correctional Service of Canada documents (CSC, 1997; CSC, 2001; CSC, 2002b; CSC, 2003) that addressed the issue of self-harm, CSC fails to acknowledge that self-injurious behaviour presents no threat to the security of prison but only to the individual woman who is participating in that behaviour (Kilty, 2006). Women find meaningful choices and take responsibility when deciding “when to slash, where to slash, when to stop and how far they go, in contrast to the lack of control they experience while incarcerated” (Frigon, 2007: 248). Conversely, CSC refusal to understand self-harm as a coping strategy has resulted in their use of segregation and disciplinary techniques to address this behaviour (Hannah-Moffat, 2006; Kilty, 2006), which “suggests they fear that leaving the prisoner in her own cell may cause an epidemic, inciting other women to harm themselves” (Kilty, 2006: 178). Jennifer Kilty asserts that this reaction fails to account for two very significant points:

- (1) that some women may fear or may not want to be transferred to segregation because their self-injurious behaviour will increase as a result of the isolation; and
- (2) some women may want to be removed from the general population to a more conducive therapeutic environment rather than to segregation, which they view as punishment (Kilty, 2006: 178).

Although a handful of the documents address self-injurious behaviour (CSC, 1997; CSC, 2001; CSC, 2002b; CSC, 2003) the solutions they offer or the precautionary measures they suggest are menial to say the least. In the *Structured Living Unit Operational Plan* (2001) CSC maintains that all cleaning supplies would be located in the supply room so that they could not be available for self-harm and that “furnishings and lighting are built-in to reduce possible damage

during acting-out behaviours or the use of the items for self-harm” (CSC, 2001). Although this plan appears to remove the physical tools that could be used for self-harm, the more pertinent emotional and psychological issues that make these women want to perform self-mutilation are not addressed. In the *Secured Unit Operational Plan* (2003), CSC cites that “it is important the unit return as quickly as possible to normal after an incident of self-harm” (CSC, 2003) and vaguely continues that “for those who have hurt themselves, various interventions are available through the DBT skills development and other mental health interventions” (CSC, 2003). In a plan that is supposed to be designed for *high need* women, which is the population where self-injurious behaviour is most prevalent, it is ironic that only a couple of vague sentences address such a pertinent issue.

In fact, in the *Annual Report of the Office of the Correctional Investigator* (2009), self-harm is one of the major concerns, as the Correctional Investigator and his team recommend the need for “A national strategy for managing chronic self-harming behaviours and incidents” which declares

institutional authorities and accountabilities to ensure ongoing management and monitoring of these cases occurs, as well as staff training requirements regarding the early recognition of self-harming behaviour (OCI, 2009).

Instead of vague descriptions like those advanced by the Correctional Service of Canada, the Correctional Investigator urges that “clinical management plans—which would include prevention, intervention and treatment measures—should be put in place to manage offenders who chronically self-harm” (OCI, 2009). He asserts that a top matter of priority is an account of ‘best practices’ that can be used in the treatment and prevention of self-injurious behaviour that can be followed nationally. He even recommends that specialized and dedicated “units should be immediately created in each region, as required, to manage chronically self-harming offenders”

(OCI, 2009). Self-harm incidents result in severe punishment and segregation that is inconsistent with the *least restrictive principle* which is supposed to be central to CSC philosophy. The CSC's use of force and inability to deal efficiently with these unique situations can further escalate the situation into a mental health emergency (OCI, 2009).

3:2 Segregation

Segregation, a disciplinary technique that is commonly used for prisoners who self-harm, is a controversial tactic that is rarely mentioned in the coded documents. It is evident in documents that were written after 2003 and subsequently after the *Secured Unit Operational Plan* (2003), which essentially condones the use of segregation for *high need* and/or mentally ill prisoners, that the Service does not understand that segregation is *not* treatment. As illustrated by the Ashley Smith case, "The continued practice of administrative segregation (putting self-mutilating prisoners into segregation) serves only to perpetuate traditional constructions of women prisoners as dangerous and irrational" (Kilty, 2006: 178).

Contradictory to Section 31 of the *Corrections and Conditional Release Act* (1997), which asserts that prisoners should ideally not be kept in segregation for longer than a month, the Management Protocol (as discussed earlier), which advocates for harsh and punitive confinement for high-risk women, allows the Service to confine these women for a prolonged period of time (OCI, 2009). *High need* women require intervention, support and treatment, not deprivation. In fact, as previously mentioned, several studies find that long term segregation causes damage to mental health (Arbour 1996, Bernier, 2009; CSC, 1990; Hayman, 2006).

As highlighted by the Correctional Investigator, segregation is extremely over used on a small number of high-risk and *high need* women offenders (OCI, 2009). In fact, segregation was renamed into more politically correct terms such as *quiet rooms* (CSC, 2001), *transition units*

(CSC, 2004) and *secured units* (CSC, 2003) and this is becoming an increasingly popular tactic used in Canadian Corrections. These rooms are identical to solitary confinement cells except they do not have the built-in safe guards (OCI, 2009). The Correctional Investigator recommends that “The Service should implement procedural safeguards and ensure legal compliance with offender rights, entitlements and access to programs for all forms of ‘segregation by any other name’, consistent with its legal and policy requirements” (OCI, 2009).

4: *Dangerous versus In Danger*

As argued in the theoretical framework women offenders are simultaneously considered as either *in danger* or *dangerous*. The bodies and minds of *high need* women offenders is no exception. The application of this dualism “has shaped various fields of knowledge that affect our concept of gender” (Frigon, 1996: 85). The dichotomy of these women as either *dangerous* or *in danger* is evident in all of the documents coded.

In half of the documents that were coded, (CSC, 1990; CSC, 1997; CSC, 2001; CSC, 2002a; CSC, 2002b; CSC, 2003) there was an underlying assumption that women offenders were victims of other circumstances, such as “marginalized backgrounds and current situations including poverty, abuse and chemical dependency” (CSC, 1997), and instead were portrayed as victims instead of as perpetrators. These women were *in danger* because they were understood to be victims of sexual, emotional and physical abuse (CSC, 1990, CSC, 1997, Morin, 1999). This type of understanding is problematic because it presumes a lack of agency for women offenders (Hayman, 2006: 91).

After 1999, as a result of the development of the *Intensive Intervention Strategy* (ISS) in 1990, documents that were created after this strategy was implemented illustrate a shift in understanding. With the introduction of the IIS, it becomes evident that the principles and

promises of *Creating Choices*, which labelled federally sentenced women to be *in danger*, was not enough (CSC, 2003). Women offenders who were *high need*, mentally ill and/or high-risk became progressively viewed as more *dangerous* (CSC, 2001; CSC, 2002a; CSC, 2002b; CSC, 2003; CSC, 2004). '*Intensive Intervention*' was the only way to control this 'unruly' population.

With the emergence of Secured Units and cognitive behavioural therapies, such as Dialectical Behavioural Therapy and Psychosocial Rehabilitation, it became apparent that *high need* and high-risk federally sentenced women (*dangerous* offenders), especially those who have Anti-Social Personality Disorder and Schizophrenia, needed to be controlled and regulated so that they would not partake in verbally abusive disruptive behaviours (CSC, 2003). Even the *Structured Living Environment Operation Plan*, a strategy that outlines the protocol for low or medium risk women, asserts that accommodations were made to units in order to ensure that these women did not have access to "dangerous opportunities" (CSC, 2001).

Throughout a handful of the documents (CSC, 1990; CSC, 1997; CSC, 2002a; CSC, 2002b) Aboriginal women offenders are perceived to be the most *dangerous* and highest need. By 2003, it becomes evident in the documents, that the new institutions are not operating as hoped and "the CSC was *reluctant* to promote capable local staff lacking the '*right*' educational credentials" and therefore "top-level staff remained largely non- Aboriginal" (Hayman, 2006, 221-2). The majority of maximum security women offenders are Aboriginal and as Morin (1990) explores the various barriers that stand in the way of these women reducing their security classification. Aboriginal offenders, especially those who are *high need* and high-risk endure 'double responsabilization' (Hayman, 2006), as they face the need to live up to the expectations of two distinctly different cultures: the Euro-Canadian norms, CSC norms and their Aboriginal roots.

Morin also explored the most pertinent obstacles in reducing security levels, from an offender and a staff perspective. The study found that “100% of the Aboriginal women stated that there is a lack of communication between management, the primary worker and the prisoner. When this occurs, it is the Aboriginal women that get blamed for being manipulative” (Morin, 1999). This displacement of authority is described by Morin to be extremely oppressive. Other findings illustrate CSC personnel’s conceptualization of Aboriginal offenders as *dangerous* due to behaviours that Aboriginal offenders call ‘coping mechanisms’, Morin states that:

100% of the Aboriginal women spoke of swearing and angry outbursts when staff “push their buttons”. They indicated that swearing is used as a coping mechanism by the women for which they receive numerous charges. If they cannot swear to release anger, this anger is stored, and usually results in violence against others or in self-injurious behaviour (slashing). 100% of the Aboriginal women stated that CSC staff do not take slashing seriously. Most staff view it as "trying to get attention", rather than a coping mechanism for relief from the pressure of being incarcerated and a release for internal pain and anger (Morin, 1990).

Morin also asked the staff what the biggest obstacle is for Aboriginal women to reduce their security level, they indicated that “the biggest obstacle for Aboriginal women was remaining charge free and controlling aggressive behaviour” (Morin, 1999). Aboriginal women are adamant that this *aggressive behaviour* is provoked by correctional personnel. It is evident that until CSC and Aboriginal prisoners develop a common respect and understanding for each other, they will continue to be inadvertently labelled as the *most dangerous* women offenders.

Furthermore, the behaviours commonly associated with *high need* and/or high-risk women offenders such as angry outbursts, self-injury, substance abuse and dissociation are normal self-protective measures that are cultivated in response to traumatic events that these women endure (Kilty, 2006). These *resistance strategies* (as previously discussed) “are often reactivated within the prison when events and/or relationships replicate abusive dynamics or when women have flashbacks or memories of past abuse (Pollack, 2000b: 81). Responding to

these coping or resistant strategies punitively or assigning these women with *high need* or high-risk classification perpetuates rather than alleviates this type of challenging behaviour. These types of management tactics are problematic, “Not only do these approaches define women’s post-traumatic responses as symptoms of a disorder, but an illness-based approach to trauma survivors can be counter-productive in treatment” (Pollack, 2000b: 81).

Rivera found that women offenders respond much better to treatment when the *illness frame* that is inherent in personality disorders is challenged and removed. In fact, psychiatric discourse, such as labelling these women’s behaviours as an illness, provide a shield for women offenders which prevents them from taking responsibility for their actions (Rivera, 2002). By removing the *illness frame* CSC is trying to force offenders to take responsibility and to explore the underlying reasons for their criminal actions. Psychiatric terminology emphasizes the unequal power dynamics that occur between doctors and patients which can possibly alienate women offenders. This type of understanding assumes women offenders to be deficient and disordered (Pollack, 2000b), without considering broader socio-structural barriers that contribute to women coming into conflict with the law.

4:1 Risks versus Needs

The needs of federally sentenced women may be more dramatic but they are the same nature of needs of women in general (CSC, 1990: 68).

Closely associated to the *dangerous* versus *in danger* debate is the idea of *risk* versus *need*. Risk assessment is based on several supposedly gender specific scales that are used to determine whether the offenders’ institutional adjustment, escape risk, and risk to public safety are low, medium or high (Gobeil, 2007b). Risk assessment is primarily based on measuring the future probability of recidivism if the needs of the offender are not met. The current offence and the

criminal history of the offender are the main elements that are taken into account when determining the level of risk (CSC, 1999). This principle endorses the premise that criminal behaviour is predictable and that treatment services can be matched to an offenders level of risk, thus offenders who present as high-risk are those who are targeted for the greatest number of therapeutic interventions.

Various scholars argue that federally sentenced women are not as an immediate threat to the general population in prison or in the public, and therefore that women offenders should be categorized based on their level of *need* instead of *risk* (Carlen, 2010; Hannah-Moffat & Shaw, 2001; Salisbury, 2009).

In the document entitled *Federally Sentenced Aboriginal Women in Maximum Security- What Happened to the Promised of Creating Choices?* (Morin, 1999) a shift in ideology is evident as CSC seems to become more concerned with federally sentenced women's needs. Morin outlines that the new identification and assessment of prisoners *needs* is based on seven criminogenic areas: "employment, marital/family, associates/social interaction, substance abuse, community functioning, personal/emotional orientation and attitude" (Morin, 1999). This was the first document that recognized the dynamic nature of needs in hopes of providing insight into the strengths and problems prisoners experience as well as their life history in order to help determine which programs would be essential to their treatment and to develop an understanding about the history of their deviant behaviour (CSC, 1999). Currently, both risk and need measurements are supposed to be used in order to "facilitate program referral and guide the case management process" (CSC, 2002b).

The words *needs* and *risk* become increasingly more relevant in the more recent CSC documents (CSC, 2001; CSC, 2002; CSC, 2002; CSC, 2003; CSC, 2004). In these documents

there is a misunderstanding between offenders *needs* and *risk*, which significantly changes the vision set out in *Creating Choices* (1990). Particular kinds of needs, such as mental health problems, attempted suicides, self-harming behaviour, and substance addiction, are automatically identified as risks (Frigon, 2007). After the development of the initial *Mental Health Strategy for Women Offenders* (CSC, 1997), a hybrid notion of need/risk (Hannah-Moffat, 2001) is prevalent that acts as “a new form of control premised on self-regulation and strategies of governing-at-a-distance” (Frigon, 2007: 241). See Appendix 3 for a chart in which CSC correlates high, medium and low security women offenders with their associated categories of risks and needs.

The *Operational Plan for Structured Living Environments* (2001), the *Secured Units Operational Plan* (2003) and both *Mental Health Strategy for Women Offenders* (1997 & 2002) focus too exclusively on women’s risk factors, while sacrificing or ignoring women’s needs (Hannah-Moffat, 2006). Although the oldest document coded, *Creating Choices* (1990), urged CSC to move its focus from risk and security to individual needs and assessment, it does not seem to be the case in practice. In fact, we have seen only an increase in the use of actuarial risk assessment tools (Kilty, 2006: 178). In most of the documents coded (with exception of CSC, 2004; OCI, 2009; Sly et, al., 2003; Sly et, al., 2005) women’s needs are simply confused with their risks. Therefore, in these documents (CSC, 1990; CSC, 1997b; CSC, 2001; CSC, 2002a; CSC, 2002b; CSC; 2003) the primary goal of labelling women offenders as either low, medium or high-risk ignores the actual *needs* of the federally sentenced women and their *needs* become redefined as institutional *risk* factors (Kilty, 2006: 161).

However, in the *Program Strategy for Women Offenders* (2004), there is a shift of focus as Denise Fortin attempts to resolve the confusion between needs and risk. Four new principles are added to the revised program strategy for women offenders: “women-centered, holistic,

supportive environment and diversity” (CSC, 2004) and these elements are blended with the principles of risk, need and responsibility. The risk principle is identical to the definition used in the early documents (CSC, 1997), as defined at the beginning of this section. However the *needs principle* recommits to the idea that correctional treatment should target those dynamic (changeable) attributes of an offender that are related to criminal behaviour, described in earlier documents as the “criminogenic need” (CSC, 1997; Morin, 1999). The *responsivity principle*, is a new element of treatment that is introduced and maintains that “treatment is to be delivered in a style and mode that is consistent with the ability and learning style of the offender” (CSC, 2004). This strategy is a sharp move away from the evaluation of programs and treatment in Morin’s document and suggests that “gender, age, culture, disability, mental health, and victimization” (CSC, 2004) are simply responsivity factors. In an attempt to understand the risk and needs of women offenders the *Program Strategy for Women Offenders* (2004) reiterates the centrality of risk/need assessment within corrections.

In all of the documents coded there was a definite vision of gender based *risk* and *needs* principles. Progressively, the documents suggest that an offender’s risk, and subsequently their need, could be better defined, measured, assessed, and managed. This has become “the cornerstone of correctional classification, treatment and offender management” (Hannah-Moffat, 2006: 184). For example after *the Mental Health Strategy for Women Offenders* was implemented in 1997, various Correctional Service of Canada personnel were expected to anticipate, predict and manage a large set of diverse risks such as self-injury, escape threats and threats to institutional order (Hannah-Moffat, 2006: 184). After the *Intensive Intervention Strategy* (1999), an attempt was made by CSC to restructure penitentiaries for women around risk/need principles and an emphasis was placed on “efficient, effective, evidence-based

correctional program strategies and resource management” (Hannah-Moffat, 2006: 184). Despite the fact that risk is gendered, (as illustrated in the literature review) this understanding does not significantly influence mainstream correctional policy, as women offenders, despite having such *high need*, are still assessed with the same (or slightly modified) criteria that male offenders are (Hannah-Moffat, 2006). These documents (CSC, 1997; CSC, 2001; CSC, 2002a; CSC, 2002b; CSC, 2003; CSC, 2004) fail to realize that taking gender seriously requires viewing federally sentenced women in respect to their socioeconomic background. The way women offenders are classified as high, medium or low risk, reduces them to a series of risk categories and calculations that removes their individuality.

This new *risk thinking* creates categorical definitions of risks and needs that “discredit, exclude, and co-opt alternative interpretations of offender needs, and dissociate understandings of needs from broader social and political contexts” (Hannah-Moffat, 2006). This type of governance moves towards neo-liberal tactics of control as new strategies are created for the definition, management and neutralization of risk. Federally sentenced women are not active agents involved in process of self-identification and self-management and instead offenders are only probable candidates for a set of predefined services and procedures. Furthermore, only “solvable issues” are targeted for intervention, “systemic problems become individual problems or, more aptly, individuals’ inadequacies” (Hannah-Moffat, 2006).

Although new interventions and operational plans (CSC, 2001; CSC, 2002; CSC, 2003; CSC, 2004) are aimed at targeting the criminogenic needs of women offenders they do empower women or even respond to their needs. Prisoners’ essential needs areas, such as family, or addressing self-injury, trauma, and abuse, are redefined as criminogenic needs as they are interpreted as dynamic risk factors (CSC, 2003). Through the coding of these documents it is

evident that institutional risk concerns are predominantly more important to Correctional Service personnel than the women's mental health issues. This type of *risk thinking* completely contradicts the principles of gender responsibility outlined in *Creating Choices* (1990).

5: Mental Health Programming and Treatment

The Correctional Investigator asserts that “mental health care, delivery and related services and supports in federal corrections are perhaps the most serious and pressing issues faced by the service today” (OCI, 2009). *Creating Choices* (1990) acknowledged that “The inadequacy of the facilities and programming inside the prison has also been carried over into the community, in terms of both level of services available nationally and effective planning for release” (CSC, 1990: 62). Twenty years later, the issue still not solved. This document concluded that “federally sentenced women need more support from staff as opposed to high security” (CSC, 1990: 87) and yet corrections is going in the opposite direction (CSC, 2003).

In the *Mental Health Strategy for Women Offenders* (1997) a “women's mental health continuum of care” is described which ‘eloquently’ bridged gaps in several dimensions of services and programming (See Appendix 4). Furthermore, this document specifies the key values that are essential in order to provide meaningful mental health programs and services for federally sentenced women, namely: “Wellness, access, women-centred, client participation and least restrictive measures” (CSC, 1997). Despite the progressive and women-centred principles expressed by this strategy, just a couple years later, after the mishaps that occurred at the Edmonton Institution¹⁴, the *Intensive Intervention Strategy* (1999) was implemented to control a relatively small group of women who were maximum security, high-risk and/or *high need* (CSC,

¹⁴ The Edmonton Institute for Women opened in the 1990's. It opened before it was physically complete and did not address all prisoners' needs, (specifically in terms of security). Numerous violent disturbances, stabbings, self-mutilations, suicides and escapes occurred at this prison.

2003). Instead of actually investigating the root causes of the incidents at the Edmonton Institution, the CSC demanded increased security measures. The *Intensive Intervention Strategy*

consists of the renovation of the Enhanced Units and the creation of Secure Units for maximum security women at the regional facilities and the construction of a Structured Living Environment house at each of the regional facilities, for minimum and medium security offenders who require 24-hour staff support and supervision due to cognitive or living skill deficits, or emotional dysregulation (CSC, 2002a).

Therefore, regional facilities were expected to operate as multi-level facilities and provide mental health programming and treatment for all offenders. In the documents coded after 1999 it is evident that the high hopes for the *Intensive Intervention Strategy* did not pan out. The change in the physical design of the facilities did not operate in accordance with the *Creating Choices* (1990) philosophies. The *Intensive Intervention Strategy* increased structure and control that minimized offenders' empowerment, their supportive environments, their ability to make meaningful and responsible choices, as well as their respect and dignity.

In the revised *Mental Health Strategy for Women Offenders* (2002) social marginalization is mixed in with mental health issues, “[B]y translating social disadvantage into mental health needs, CSC pathologizes a significant portion of federally sentenced women and subjects them to a greater degree of control based on the attribution of mental disability” (CAEFS 2003: 39). On the other hand, in the *Program Strategy for Women Offenders* (2004), CSC boldly proclaims that the *Mental Health Strategy for Women Offenders* (2002) is “compatible with the principles defined in *Creating Choices*” (CSC, 2004).

In the *Annual Report of the Office of the Correctional Investigator*, seven out of nineteen recommendations were specific to mental health issues and programs. These recommendations are as follows:

- 1) The Service should bolster its recruitment and hiring of clinical mental health professionals, giving priority to existing vacancies in

underserved institutions, and should establish permanent recruiting and training budgets for these professionals.

- 2) Consistent with CSC's approved mental health strategy, the Service should immediately implement intermediate mental health care units in each region.
- 3) Clinical management plans to treat offenders with mental disorders should be developed and implemented on a priority basis and should be managed by interdisciplinary teams of mental health, security and case management personnel working together.
- 4) With respect to correctional programming, I recommend that in the coming year, the correctional service make significant progress in addressing the following areas, consistent with the least restrictive principle and effective corrections: reduce program wait lists; increase use of temporary absences and work releases as means to promote and improve an offender's likelihood of being positively prepared and recommended for parole; increase access to programs and programming opportunities in maximum security institutions; increase program interventions and improve outcomes for special needs offenders, including older offenders, offenders with learning delays or disabilities, and offenders with mental health problems; and improve prisoner communication and understanding of the parole review process.
- 5) The Service should review the rationale, criteria and average waiting time for psychological assessments required for security reclassifications of offenders serving life and indeterminate sentences.
- 6) Clinical management plans for high need and high-risk women should be immediately completed and implemented, and the necessary resources and services, both internal and external, should be made available to the institutions.
- 7) Clinical management plans for high need and high-risk women should be immediately completed and implemented, and the necessary resources and services, both internal and external should be made available to the institution (OCI, 2009).

These recommendations clearly identify the deficiencies in programs and services that were evident throughout the CSC documents that were coded (CSC, 1990; CSC 1997; CSC, 2001; CSC, 2002a; CS, 2002b; CSC, 2003). Furthermore, it has become apparent that security, not

treatment, is of primary importance to CSC. The Office of Correctional Investigator's report, *A Review of the Implementation of the Correctional Service of Canada's 'Mental Health Strategy'* (2010) asserts that CSC personnel believe that security barriers impede access and possibility of treatment and criticized that offenders are not involved in mental health planning (OCI, 2010). This article encourages that *Never about us without us* is a fundamental principle that must be taken into account for effective treatment design, implementation and evaluation (OCI, 2010). Furthermore, a lack of accessible mental health services means offenders with an identified need for these services will remain in settings that are unable to respond effectively to their symptoms and behaviours (OCI, 2009)

In a majority of the documents (CSC, 1990; CSC, 1997; CSC, 2001; CSC, 2002a; CSC, 2002b) it was outlined that a large proportion of women offenders were exposed to sexual abuse throughout their lives. *Creating Choices* (1990) explicitly linked women's criminality to the psychological impact of this abuse. Although these types of documents require CSC to provide programmatic responses to women offenders who are survivors of exploitation, sexism and abuse, "its placement within a correctional framework, that focuses upon criminogenic factors and individualization of crime, undermine this intent" (Pollack 2005:74) and thus provides these women with further stratification.

5:1 Dialectical Behaviour Therapy and Psychosocial Rehabilitation

Although programs designed for *high need* women theoretically address the '*right*' issues such as living skills, substance abuse, consequences of surviving abuse and trauma, family improvement programs and Aboriginal programs, many critics argue that because these therapies are based on social learning theory that many programs use stereotypical treatment techniques that further alienate women. For example, treatment regimes such as Dialectical Behavioural

Therapy (DBT) and Psychosocial Rehabilitation (PSR), that are used to treat *high need* women offenders (CSC, 1997; CSC, 2001; CSC, 2002a; CSC, 2002b; CSC, 2003) “utilize pathological and medical constructions of women offenders that typically ignore the psycho-social realities of women offenders” (Pollack, 2005: 74).

When cognitive-behaviouralist approaches are applied to corrections that are based on the assertion that criminal activity is a result of the offender’s incapability to consider logical choice and to reason appropriately, offenders are devalued as their bodies and voices are muted. Therefore, therapeutic treatments that are used in a vast majority of programming, such as DBT are dependent on “cognitive-behavioural models [that] utilize self-regulatory strategies that encourage the internalization of these constructs” (Pollack, 2005: 75). For example, when using the DBT treatment model women offenders who participate in self-injurious behaviour and who are “not motivated to change or fail to demonstrate program readiness or comply with a behavioural contract, are automatically rendered to be untreatable or unempowerable and are therefore disciplined for their poor choices and propensity for violence (albeit self-directed)” (Hannah-Moffat, 2006: 188).

A preliminary evaluation of Dialectical Behavioural Therapy that was implemented in Structured Living Environments and Secured Units indicates that more than half of staff and participants feel that they are in the process of achieving the goals and objectives of this treatment (Sly et. al, 2003). While evaluation results are supportive of the effectiveness of this treatment approach, preliminary analysis suggests that some aspects of the therapy could be improved or ameliorated (Sly et. al., 2003: ii). For example, language could be simplified to better accommodate the level of understanding and functioning of women offenders. Staff maintained that DBT was a “valuable treatment approach and participants report positive

behavioural changes learned through the skills and training sessions” (Sly et. al., 2003: iii).

Research is currently being conducted that will examine further program effectiveness through the use of pre-post experiments with quantitative analysis (Sly et. al., 2003).

In regard to Psychosocial Rehabilitation, Sly, Taylor and Blanchette (2005) found very similar results and more specifically acknowledged that “given the low number of women who are deemed “ready” for PSR and thus the low number of staff who are involved in the program, it is recommended that formal booster-training sessions be available to staff” (Sly et. al., 2005). Sly, Taylor and Blanchette also criticized the use of certain techniques endorsed by PSR, such as the use of technology sheets, for their ambiguity and lack of direction. The authors identify a lack of communication between National Headquarters and regional facilities that is very detrimental to the effectiveness of the therapy because workers are not able to share unsuccessful experiences and best practices (Sly & Taylor, 2005). All of the participants interviewed for the study indicated that they felt they were making progress and moving towards accomplishing personal goals. Staff had various suggestions for improvements to Psychosocial Rehabilitation and said the language used in the training manuals and program materials is once again extremely complicated and not user friendly (Sly et. al., 2003). The staff expressed mixed feelings about the effectiveness of PSR and instead focused on the *potential* of the treatment approach (Sly et. al., 2003: ii).

Therapeutic strategies such as DBT and PSR are neo-liberal strategies that instill *self-surveillance* (Kemshall, 2002: 49). This type of self-regulation “picks up where state regulation leaves off: individuals are rewarded for internalizing expert discourses, such as those of the psy-sciences, which privilege middle class morality, rationality and autonomy and which obscure and ignore structural inequalities” (Pollack, 2000b: 80) . Therefore,

as the social welfare system continues to dismantle and there is an increase in privatization of public institutions, as mentioned in the literature review, this perpetuates the prison industrial complex. This prison industrial complex in turn fuels the “disciplinary use of therapeutic discourse” (Pollack, 2000b: 80).

6: Overview of Analysis

Coding of a wide range of documents reveals that despite appearing to be rhetorically progressive, CSC’s attempt at creating a *women-centered* mental health strategy uses contradictory disciplinary techniques that control and restrain the bodies of federally sentenced women in hopes of normalizing the behaviours of *high need* women. The policies imposed by CSC for *high need* women offenders fail to make any substantial changes in women’s prison reform and resulted in a different form of regulation and control.

There is an evident shift in the way that CSC perceives *high need* women, as the construction of these women evolved from being *in danger* to being progressively more *dangerous*. *High need* women are regulated by CSC through several instruments including: the use of *Secure Units*, *dynamic security*, segregation and management protocol. Furthermore, several neo-liberal strategies, such as shared responsibility, dependency discourse and empowerment tactics, are used by CSC to *govern* the bodies of *high need* women from a distance. Lastly, these documents reveal that there is a tendency by CSC to confuse prisoner’s *risks* with their *needs*. Essential *needs* of *high need* women offenders, such as family, self-injury, trauma and abuse, are redefined as criminogenic needs and are interpreted as dynamic risk factors. Institutional risk concerns are predominantly more important to CSC than mental health issues. This type of *risk thinking* completely contradicts the principles of gender responsibility outlined in *Creating Choices* (1990). *High need* women desperately require more supportive

staff and programming as opposed to higher security, and yet CSC continues to construct policy that is moving in the opposite direction.

Conclusion

Conclusion

Prisons are always in a state of being transformed, or re-formed in the hope that an adjustment here, or a rebuilding there will provide the solution to the intractable problem of why prisons do not work (Hayman, 2006: 257).

During the *reform period* over the past twenty years, cell space has tripled in women's federal institutions (Faith, 2004: 281). *The Canadian National Parole Board* proclaims in its mission statement that prison should only be used as a *last* resort and that the lowest recidivism rates occur when treatment and programming is provided outside of the correctional system (Faith, 2004; 285). Despite this fact, the Courts continue to send more offenders to prison than ever before. If relatively few women offenders are a threat to public safety, as identified by various academics (Arbour, 1996; Bell, 2004; Bernier, 2009; Chesney-Lind & Pasko, 2004), the increased use of imprisonment by the courts suggests that our justice system is still functioning based on the premise that prisons are our only correctional response because community alternatives and programs are not yet adequately developed or implemented to provide the courts with more options. Adopting a feminist-informed treatment strategy means making mental health services the responsibility of non-correctional personal and ensuring that these community based alternatives are evidence-based and subject to regular reevaluation. The current mental health strategy and policy (CSC, 1997b; CSC, 2001; CSC, 2002a; CSC, 2002b; CSC, 2003; CSC, 2004) for women offenders is based on the stereotypical assumption that these women are "unable to cope and make good decisions and are angry, emotional, needy and irrational" (Pollack, 2000b: 79).

In order to make correctional policy gender specific, CSC must take into account that there are more differences between male and women offenders than merely women's tendency to have higher rates of personality disorder diagnosis. McCorkel (2003) declares that differences in

men and women in corrections are attributed to psychological differences and structural barriers that lead women to come in conflict with the law (McCorkel, 2003). The current mental health strategies and policy for *high need* women offenders are conservative and punitive, and evidence-based evaluation of these regimes are inadequate or are ignored because “the philosophy and politics of feminist advocates have been overridden by politics of a different sort and by the conservative mood of the times” (Faith, 2004: 281). Within the current correctional framework imposed by CSC, that attempts to punish and control the bodies of women prisoners, a women-centered approach as imposed by CSC in *Creating Choices* (1990) is impossible. Instead CSC’s attempt at creating a *women-centered* mental health strategy uses contradictory disciplinary techniques that control and restrain the bodies of federally sentenced women in hopes of normalizing the behaviours of *high need* women in particular.

Although the path to *Creating Choices* (1990) is paved with good intentions it inadvertently denies the diversity of women offenders and more specifically women offenders who are *high need*. Furthermore, “these diverse women could not collectively respond in the calculated, rational manner essential to the realization of the plan and the more they reacted to the new regime the more restraint was imposed” (Hayman, 2006: 298). The Task Force on Federally Sentenced Women used imprecise language (CSC, 1990) that resulted in a failure to combat difficult or controversial issues associated with *high need* women. *Creating Choices* (1990) is based on the belief that women prisoners, despite their security classification, are commonly a low risk population that requires intensive support as opposed to high security. The task force failed to view women offenders as prisoners, and thus confused (or ignored) the main purpose of correctional institutions. There were so many factors as to why the task for was not as successful as planned: the incidents that occurred at the Edmonton Institute for Women, the

natural growing pains of opening new institutions nationally, moving all of the prisoners across the country, training new staff, the chaos surrounding the trials related to the incidents at the Prison for Women (P4W) and the unsettled environment in corrections for women at the time. It is not surprising that the new women-centered philosophy of imprisonment was unable to survive through the moral panic created by the media and politicians. The task force did not completely fail, however, the outcome of the task force is judged based on the high standards that the task force itself conceived. Its primary goal of providing federally sentenced women with greater independence in a less repressive physical environment has not been achieved.

The policies (CSC, 1997b; CSC, 2001; CSC, 2002a; CSC, 2002b; CSC, 2003; CSC, 2004) imposed by CSC for *high need* and high-risk women offenders failed to make any substantial changes in women's prison reform and have resulted in a different form of regulation and control. The prisons primary function is discipline, and despite pastel coloured walls, attractive architecture and seemingly benevolent programming, women prisons are treated exactly the same as they were forty years ago. CSC has regressed to its former punitive ways and abuse is rampant in Canadian institutions: illegal strip searches and excessive use of force occurs daily, prisoners are over-classified and there is a lack of legal counsel available (Faith, 2004).

Using the *body lens* as an analytic tool and a radical feminist framework revealed that prisons are not capable of providing healing and instead are institutions of coercive pain and repression.

There was a shift in the way that CSC perceived *high need* women, as the construction of these women evolved from *dangerous*, to *in danger* and then progressively back to more *dangerous*. *High need* or *dangerous* women offenders are regulated by CSC through several instruments including: the use of Secure Units, dynamic security, segregation and management protocol. Furthermore, several neo-liberal strategies, such as shared responsibility, dependency

discourse and empowerment tactics, are used by CSC to *govern* the bodies of *high need* women from a distance.

In order for an effective strategy to be put in place, policy makers and CSC personnel must address the confusion between risk and needs and consider how problematic it is to define the essential *needs* of prisoners as dynamic risk factors. Institutional risk concerns are predominantly more important to CSC than mental health issues. This type of *risk thinking* completely contradicts CSC's purported commitment to gender responsibility (CSC, 1990). *High need* women desperately require more supportive staff, programming and therapy as opposed to higher security, yet CSC continues to adapt harsh and punitive policies that seek to incorporate static and *dynamic* security (CSC, 2003) instead of intensive intervention through therapeutic programming and community services.

Several academics have illustrated that there are alternative management strategies for *high need* and high-risk women offenders that reduce their proposed threat by “challenging the dominance of individualizing and pathologizing discourses” (Pollack, 2000b: 83). Services and programs available for *high need* women in prisons are laced with inherent contradictions and are therefore unable to address the multi-faceted nature of *high need* women. Furthermore, power balances are intrinsic to therapeutic interventions, especially within correctional institutions, and concrete solutions must be formulated to address this pertinent issue. Warner (2001) suggests “that for survivors of abuse the therapeutic relationship itself, regardless of where it is taking place, carries with it the potential for the re-enactment of abusive dynamics” (Warner, 2001: 115). In order to mediate this power imbalance, Warner (2001) advocates *visible therapy*. During which the therapist clearly explains the tactics used in order to demystify the therapeutic process. This helps the patient to be just as clear about their goals, needs, and risks,

which allows them to make informed decisions about treatment and engage accordingly (Pollack, 2000b). Therefore, women offenders are able to challenge the constructions that label them *sad*, *mad* or *bad* because the internalization of these dominant constructions can lead to perpetuating these behaviours that reproduce those constructions. This type of therapy allows women offenders to remove the stigma from their experiences and to develop a new self-identity (Warner, 2001). Essentially when therapists are open about their role and obligations they will be able to actively resist using pathological constructions of women offenders and, instead, focus on the skills, intelligence and awareness that women offenders possess (Pollack, 2000b).

In order to overcome some of the negative stereotypes and extreme power imbalances that are woven throughout CSC's mental health strategy and policies (CSC, 1997b; CSC, 2001; CSC, 2002a; CSC, 2002b; CSC, 2003; CSC, 2004), programming can use dynamic formats and procedures that allow women offenders an opportunity to have some control over their treatment (Hannah-Moffat, 2000b, McCorkel, 2003, Pollack, 2000b). Rather than the *add women and stir* (Balfour & Comack, 2006) approach which transfers slightly modified male correctional programs to women's institutions, this would allow mental health professions to be flexible and creative with their treatment. *Never about us without us* (OCI, 2010) is a fundamental principle that must be taken into account for effective treatment design, implementation and evaluation.

Another type of programming that could help liberate the minds and bodies of women offenders is dance therapy. As illustrated throughout this thesis, the bodies of women offenders are often betrayed, controlled and abused in federal institutions and this leaves them with a very low self-esteem. Dance therapy can allow women offenders to reclaim ownership of their bodies. Sylvie Frigon and Laura Shantz explain that

Dance in prison is subversive: working from a *denied* space to *reclaimed* space. Through space, rhythm, contraction, release, fall, recovery, rebound, they find a

balance: holding in place, straightening one's back, looking up, going toward the other, being in themselves, recapturing a sense of self (Frigon & Shantz, 2010: 11).

Furthermore, women offenders should be given the opportunity to attend counselling sessions in the community in accordance with the recommendations of *Creating Choices* (1990). Allowing women prisoners to leave prison grounds would loosen the constraints placed on them and make the implications of the neo-liberal tools used by CSC much less intrusive. Women would be able to receive mental health services from agencies and institutions that would be accountable to CSC but would not adopt the pathologizing approach built into CSC's current strategies. In addition, CSC's mental health policy should incorporate treatment methods, other than Dialectical Behavioural Therapy and Psychosocial Rehabilitation and instead use approaches such as *visible therapy* (Warner 2001) that address the inherent power imbalances that take place in correctional institutions and which allows a multifaceted understanding of women prisoners psychological functioning (Rivera 2002). Once again, support can be found outside the institution and peer learning and peer support groups can help liberate federally sentenced women. These programs and interventions, such as self-help, peer counselling and mentoring groups, allow women offenders to build positive relationships with other women and are shown to build women prisoners' self-esteem, and their interpersonal skills (Burke, 2002).

The interventions described above set high standards that would allow CSC's current mental health policy to live up to CSC's *apparent* women-centered philosophy. These types of strategies are evidence-based and actually *do* provide women offenders with empowerment. It is also essential that mental health programming and interventions for women offenders are subject to further review and evaluation performed by academics *outside* of CSC in order to ensure that treatment in federal institutions for *high need* women offenders is not fueled by pathologizing stereotypes about federally sentenced women (Pollack, 2000), which alienates, stigmatizes and

devalues women offenders. Prisons have lasting effects on the prisoners' minds, bodies and identities long after they are incarcerated (Shantz & Frigon, 2010, Shantz et. al., 2009) and these issues must be explored if *high need* women offenders have any possibility of rehabilitation and successful community reintegration. A new direction of mental health strategy must be created that take women's bodies into account and sufficiently tackle the inherent contradictions and stereotypical assumptions rooted in mental health services in correctional institutions.

This thesis demonstrates that despite the progressive nature of mental health strategy and policy for *high need* women offenders (CSC, 1990; CSC, 1997; CSC, 2001; CSC, 2002a; CSC, 2002b; CSC, 2003; CSC, 2004), a much more realistic and visionary strategy is needed in order to demolish the harsh, punitive and masculine correctional philosophy adopted by CSC. For real change to occur, federal institutions for women should be abolished and the budget used by the correctional system should be invested in "schools, occupational training, decent employment, social services and the rights of the most marginalized women and men in Canadian society" (Faith, 2004: 287). Despite CSC's purported commitment to the *Creating Choices* (1990) principles (empowerment, meaningful and responsible choices, respect and dignity, supportive environment and a shared responsibility), more women are being locked up than even before, without an increase in the crime rate. *High need* women offenders are imprisoned in their own bodies. Instead of *creating choices* the current mental health strategy and policy imposed by CSC is *diminishing possibilities* by transforming *high need* women offenders into *docile bodies*.

Appendices

Appendix 1

Legislation, Policy, and Mandate

The management and operations of the SLE are based on the *Corrections and Conditional Release Act* (CCRA), the Mission of the Correctional Service, the principles of *Creating Choices*, and the *Mental Health Strategy for Women Offenders*, and the *Correctional Program Strategy for Federally Sentenced Women*.

2.1 Corrections and Conditional Release Act (CCRA)

The foundation for the SLE is found in the *Corrections and Conditional Release Act* (CCRA). Section 76 states, "the Service shall provide a range of programs designed to address the needs of offenders and contribute to their successful reintegration into the community¹. As is outlined in section 77, the CSC is to provide programming to meet the needs of women offenders:

Without limiting the generality of section 76, the Service shall:

- a. provide programs designed particularly to address the needs of women offenders; and
- b. consult regularly about programs for women offenders with:
 - o appropriate women's groups, and
 - o other appropriate persons and groups with expertise on, and experience in working with, women offenders²

In addition, the need to provide specialized programs to address the needs of Aboriginal offenders is outlined in section 80:

Without limiting the generality of section 76, the Service shall provide programs designed particularly to address the needs of aboriginal offenders.³

Section 88 also specifies that any treatment program (such as the SLE) must be voluntary:

(1) Except as provided by subsection (5):

- a. (a) treatment shall not be given to an prisoner, or continued once started, unless the prisoner voluntarily gives an informed consent thereto; and
- b. (b) an prisoner has the right to refuse treatment or withdraw from treatment at any time.⁴

2.2 Mission of Correctional Service of Canada

In addition, the SLE reflects the Mission document of the CSC and mandates the following:

The Correctional Service of Canada, as part of the criminal justice system and respecting the rule of law, contributes to the protection of society by actively encouraging and assisting offenders to become law-abiding citizens, while exercising reasonable, safe, secure and humane control.⁵

And in particular,

Core Value 1 : We respect the dignity of individuals, the rights of all members of society, and the potential for human growth and development.

Core Value 2 : We recognize that the offender has the potential to live as a law-abiding citizen .

Core Value 3 : We believe that our strength and our major resource in achieving our objectives is our staff and that human relationships are the cornerstone of our endeavour.⁶

2.3 Creating Choices

Both the Intensive Intervention Strategy and the *Mental Health Strategy for Women Offenders* are consistent with the goals and vision of *Creating Choices: The Report of the Task Force on Federally Sentenced Women* (1990). Both are guided by a holistic vision and the same premises identified by the Task Force are important for program effectiveness:

- Programs are women-centered; that is, they reflect the social realities of women and respond to the individual needs of each woman.
- One objective of programs is to support the development of self-esteem and autonomy.
- The element of personal choice, particularly in such areas as health care and nutrition, is critical.
- Programs must be oriented towards release.
- Programs must be developed and provided in a culturally sensitive manner.

In addition, the Intensive Intervention Strategy is guided by the five principles of *Creating Choices*:

1. **Empowerment:** Empowerment is the process through which women gain insight into their situation, identify their strengths, and are supported and challenged to take positive action to gain control of their lives.
2. **Meaningful and Responsible Choices:** Women need options that allow them to make responsible choices. Dependence on alcohol and/or drugs, men, and government financial assistance has denied women the opportunity and ability to make choices.
3. **Respect and Dignity:** Correctional Service of Canada had often been criticized for its tendency to encourage, and therefore perpetuate, dependent and child-like behaviour among women offenders. Mutual respect is needed among offenders, among staff and between the two.
4. **Supportive Environment:** The quality of the environment (both physical and emotional) can promote physical and psychological health and personal development.
5. **Shared Responsibility:** There is a role to play for all levels of government, corrections, volunteer organizations, businesses, private sector services, and the community in developing support systems and continuity of service for women offenders.

2.4 Mental Health Strategy for Women Offenders

The *Mental Health Strategy for Women Offenders* (CSC, 1997) provides the framework for the development of all mental health services for women. It recognizes the relation between some of the mental health problems experienced by women and their early and/or continued experiences of physical, emotional, and sexual abuse. The strategy also describes a continuum of mental health care and the inter-connected nature of all programs and services in support of mental well being for women.

The goal of mental health services for women identified in the Mental Health Strategy is:

To develop and ensure a coordinated continuum of care, structured support and remediation programs which permit women offenders to maximize mental well-being and to minimize criminal recidivism through social, emotional, and cognitive skills development.

The operations and treatment philosophy for the SLE is also guided by the five key principles outlined in the *Mental Health Strategy for Women Offenders*: 1) Wellness 2) Access 3) Women-Centered 4) Client Participation 5) Least Restrictive Measures

2.5 Correctional Program Strategy for Federally Sentenced Women

The Correctional Program Strategy for Federally Sentenced Women provides the framework for ensuring appropriate programming for women at the most appropriate time in their sentence. *Creating Choices* identified five principles for change in Correctional Service of Canada's approach to women and these principles lay the foundation for the development of the program strategy.

Additionally the program strategy identifies that programs should be "women-centered" meaning that programs must reflect the social realities of women and respond to the individual needs of each woman. This strategy needs to be considered within the framework of *the Mental Health Strategy for Women Offender's* when developing the program model for the SLE.

The *Correctional Program Strategy for Federally Sentenced Women* was developed in order to provide program consistency in the new regional facilities for Federally Sentenced Women. It is based on and respects Correctional Service of Canada's Correctional Strategy, yet is flexible enough to recognize and incorporate the needs of women offenders.¹¹

This strategy identifies the four major and often inter-related areas that are characteristics of most women:
1) Abuse and Trauma Issues 2) Education and Employment Skills 3) Parenting 4) Substance Abuse

Appendix 2

Profile of Women Classified as Maximum Security

Profile	SEPTEMBER 1997 ¹		FEBRUARY 1998 ²		MARCH 1999 ³		JUNE 2000 ⁴	
	#	%	#	%	#	%	#	%
Age								
20-34	30	81%	22	65%	16	64%	16	59%
Marital Status								
Single (separated, divorced, widowed, not stated)	24	65%	23	68%	20	80%	22	81%
Common-law	10	27%	7	21%	4	16%	3	11%
Married	3	8%	4	11%	1	4%	2	8%
Total	37	100%	34	100%	25	100%	27	100%
Race								
Caucasian	19	51%	13	38%	18	72%	16	59%
Aboriginal	15	41%	17	50%	7	28%	10	37%
Black	1	3%	2	6%	0	-	0	n/a
Asiatic	0	0	0	0	0	-	0	n/a
Other	1	3%	1	3%	0	-	0	n/a
Not stated	1	3%	1	3%	0	-	1	4%
Total	37	100%	34	100%	25	100%	27	100%
Serving A Sentence For								
First-degree murder	1	3%	0	0	0	-	0	-
Second-degree murder	6	16%	2	6%	7	28%	5	18%
Schedule I offence	29	78%	29	85%	13	52%	20	74%
Schedule II offence	1	3%	1	3%	2	8%	1	4%
Non-Schedule offence	0	0	2	6%	3	12%	1	4%
Total	37	100%	34	100%	25	100%	27	100%
Sentence Length								
Under 3 years	9	24%	7	21%	10	40%	7	26%
3-6 years	12	32%	14	41%	1	4%	5	18%
6-10 years	5	14%	5	15%	4	16%	5	18%
10 years plus	4	11%	5	15%	3	12%	4	15%
Life / Indeterminate	7	19%	3	9%	7	28%	6	22%
Total	37	100%	34	100%	25	100%	27	100%
Previous Federal Carceral Sentences								
None	27	73%	28	82%	22	88%	18	66%
One	7	19%	3	9%	1	4%	5	18%
Two	1	3%	1	3%	1	4%	2	8%
Three or more	2	6%	2	6%	1	4%	2	8%
Total	37	100%	34	100%	25	100%	27	100%

1 Data provided by Performance Assurance - OMS report September 17, 1997 for 37 offenders; 2 additional maximum-security offenders are recent admissions and no information is as yet available through OMS.

2 This data includes all incarcerated women serving a federal sentence who are classified as maximum security; data was provided by Performance Assurance, CSC February 1998 with a total of 34 women classified as maximum security.

3 This data includes all incarcerated women serving a federal sentence who are classified as maximum security; data was provided by Performance Assurance, CSC March 1999 with a total of 25 women classified as maximum security.

4 This data includes all incarcerated women serving a federal sentence who are classified as maximum security; data was provided by Performance Assurance, with a total of 27 maximum security women - figures as of May 28, 2000.

Appendix 3

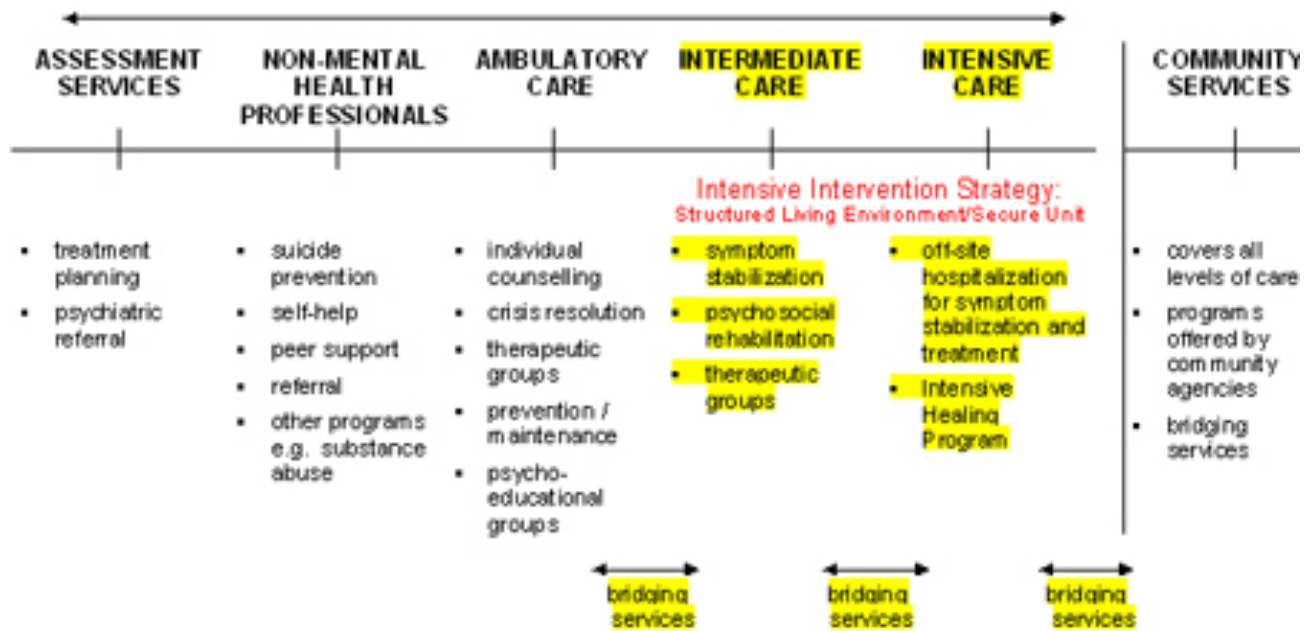
		Maximum	Medium	Minimum
Need	High	 86%	43%	10%
	Medium	14%	39%	26%
	Low	---	18%	 64%
Risk	High	 77%	27%	7%
	Medium	23%	56%	18%
	Low	---	17%	 75%

(CSC, 2004)

Appendix 4

The Mental Health Strategy for Women Offenders

WOMEN'S MENTAL HEALTH CONTINUUM OF CARE



Reference: Laishes, J. (1997). *The Mental Health Strategy for Women Offenders*
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