

ELIZABETH FRY SOCIETY OF GREATER VANCOUVER

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*Discussion Paper: The
Intensive Treatment Program
for Female Offenders in
BCCW*

*A Critique and
Recommendation*

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Abridged Version

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THE INTENSIVE TREATMENT PROGRAM FOR FEMALE OFFENDERS: REVIEW AND CRITIQUE

In 1998, the Intensive Treatment Program for Female Offenders (the Program) was developed and implemented at the Burnaby Correctional Center for Women (BCCW). The Program was developed predominantly in response to two programming needs for women – violence and mental illness. Since the beginning of the Program, inmates have approached The Elizabeth Fry Society (the Society) with complaints about the program and about the degree of coercion they felt to participate in it. Their complaints resulted in a review of the Program by the Society which included the following: a review of the literature; an analysis of the Program, its delivery and objectives; and recommendations for changes to the Program. The following is a brief overview of the Society's findings.

BACKGROUND TO THE DEVELOPMENT OF THE PROGRAM.

The opening of new, regional facilities for women in their home provinces led to a concern that in these facilities, with their emphasis on “personal responsibility and “dynamic security”, a minority of the federally sentenced women would not be able to participate constructively in such an environment without very special and specialized attention paid to their needs for an enhanced level of psychologist support services.”(Margo Riveria, Giving us a Chance. Needs Assessment: Mental Health Resources for Federally Sentenced Women in Regional Facilities, 1996, p.2).

Following this report, Corrections Services Canada (CSC) commissioned Dr. Warner to look at the mental health needs of female offenders. Based upon his study and the work of the multidisciplinary team at the Prison for Women, CSC selected Dialectical Behaviour Therapy (DBT) as a means to deal with mental health issues.

In 1998, concurrent with CSC's considerations of how to address the mental health needs of women in prison, CSC approached the Director of BCCW about the possible implementation of a program for violent women. BCCW was provided with an outline of a treatment program closely modeled upon the Violent Offender Program for men in Federal Prisons.

BCCW reviewed the outline and determined that it did not meet the needs of the women in BCCW. ¹Under the BCCW warden's leadership, two therapists were assigned to develop a program that would be more suited to the needs of the women prison population. Thus the Intensive Treatment Program for Female Offenders grew out of a modified program for violent men with DBT incorporated to address the reported inability of many women in prison to regulate either emotion or behaviour, a need identified by both Dr. Warner and the Director of BCCW as pertinent.

¹ Larry Saidman and Fae Chato-Manchuk. Paper written for presentation at the Canadian Group Psychotherapy Association Conference; presented on October 14, 1999.

THE PROGRAM

The Program as designed is twenty weeks long and entails five to six hours of group therapy work, four days a week. The women participate in the Program Monday to Friday, with homework and study time allocated to Fridays. Each group requires ten women. The intended outcomes for participants of the Program include reduction in one or all of three areas – criminal recidivism, self-injurious behavior, or mental illness.

In the Program's outline of goals and objectives, the first criterion for admission to the Program is "voluntary admission of guilt to a violent, aggressive, or anti-social offense". The remaining criteria address participation within the group. Other than the requirement that the offender "is presently demonstrating willingness and ability to control aggressive and/or suicidal behavior," there is no other identification in the outline of the population that the Program is intended to serve.

The Director of BCCW, however, has confirmed in correspondence that the entry criteria also includes reduction of criminal behavior or other self-destructive behavior in women. It was also confirmed that the design of the Program was also a response to programming needs for women with "histories of emotional or behaviour deregulation." While the written material identifies the Program's target group as violent women in actuality, women with mental health issues are referred and accepted. Furthermore, because the women committed criminal acts in the first place, in the Director's estimation those women suffered from deregulation in their thoughts and behaviours and were, therefore viable candidates for the Program. Thus, no woman in prison is excluded.

THE PROGRAM'S POTENTIAL PRISON POPULATION

There is a very small pool of potential participants for the Program. BCCW has 114 beds in the Secure Unit, with one-third of the population, or approximately 38 women, generally on remand and thus not eligible to participate in the Program.²

The pool of potential participants is further narrowed because approximately one-half of the 75 women in the Secure Unit not on remand are serving sentences of less than 9 months, or under 39 weeks. This potential group is further narrowed when parole and statutory release dates are considered.

The trend in sentencing and release over the last few years has also significantly reduced the number of potential participants in the Program. In the four year period from 1993 to 1997, there has been a significant increase in the number of sentences under three years for federal offenders. In 1993, the number of sentences under three years stood at 5.2%.

In 1997, it stood at 29.7%,³ in addition, for sentences of under three years, parole eligibility occurs in six months and statutory release at the two year point.

² While there are also 28 beds in the Open Living Unit (OLU), a minimum security prison for women classified as low risk, it would be exceptional for an inmate from the OLU to participate in the Program, since the Institution itself allows almost no cross traffic of women between the OLU and the Secure Unit. Thus this group of women are generally not candidates for the Program but was reclassified and sent back to the Secure Unit.

ISSUES RAISED BY THE INMATES OF BCCW

In March and April, 1999, a number of women within BCCW approached various employees of the Society with their concerns about the Program and the degree of coercion that they felt was being exerted on them to participate in the Program. Due to their inherent fears about raising the issues themselves, the women requested assistance from the Society in dealing with their concerns.

The Society's employees attempted to solicit information about the program and relay it back to the women. The multiplicity of concerns, however, raised systemic issues that required a greater degree of investigation and analysis. The Society raised the issues in a letter of inquiry sent to the Director of BCCW and a meeting was held.

After discussion and review, four main issues emerged which are inextricably tied to the Program itself.

1. Client Criteria - who are the clients the Program is intended to serve?
2. Program content - what is the Program?
3. Format - is five months (20 weeks) the appropriate duration of the program; and is it appropriate to women?
4. Standards - is the program within the parameters of either CSC requirements (the Commissioner's Directives and CSC research) or B.C. Provincial standards and policy papers.

ASSESSMENT OF THE FOUR MAIN ISSUES

1. Client Criteria

Neither the crime committed nor the risk of violent recidivism is really examined as criterion for participation in the Program. In order for the Program to exist as structured, it must encompass as many women as possible. Given the small population of female offenders, and the even smaller population of women classified as maximum security risk women (statistically, approximately only four women at BCCW, according to the Deputy Commissioner of Women, CSC Canada), having the number of women necessary to adequately justify the Program could potentially be a problem. The only way the Program can have enough participants to justify the expenditure is to have the criteria so broad as to include any woman who has committed an offence.

The design of the Program requires that twice annually there will be a group of ten participants, thus there is a requirement for a continual entry of women into the institution. Because of the small number of women annually entering the institution who are serving sentences long enough to participate in the Program, any restriction of the criteria for entry would quickly make the Program unsustainable on an outgoing basis.

It is not surprising, therefore, that BCCW requires women to forego application for release eligibility dates when advising them that they "should" take the Program.

³ Deputy Commissioner for Women. Corrections Services Canada. 1997 Statistical Analysis.

In discussing recidivism as a criteria for the Program, it is important to note that in the follow-ups done during the first six months after an offender's release, recidivism amongst low risk/high need offenders is higher than amongst the high risk/low need offenders.⁴ The Director of BCCW has confirmed in discussion with the Society that client criteria is not used to differentiate between criminal behaviour or other self-destructive behaviour. Nor is any distinguishment made between convictions of a violent nature, such as homicide and robbery, and convictions such as prostitution or fraud.

2. Program Content

In considering the Program, it is necessary to ask the following questions:

- is a program designed for dealing with violent offenders applicable to women with issues other than violence;
- is it appropriate to couple programming for violent offenders and offenders with mental health issues together;
- should women participate in a program not specifically designed for them; and is the Program "women centred" as defined by the Mental Health Strategy for Women put out by CSC in 1997?⁵

The Program's theoretical underpinning is Marsha Lineham's Dialectical Behaviour Therapy (DBT). This therapy was developed for Borderline Personality Disorder clients who had self-injurious or suicidal behaviours. It was not designed to deal with violent offenders, nor other personality disorders or mental illnesses. Although research is underway in other realms, there is no current analytical research to support DBT's effectiveness in treating violent offenders or individuals with other disorders or mental illnesses. Regardless, of the entire program time allocation, the percentage of the Program that actually contains the DBT Skills Modules is only 22.1%.

I. Dickie and L. Ward, in studies they conducted of violent women, identified that the most salient areas of intervention to reduce the risk of violent recidivism include education, employment, substance abuse and companions,⁶ none of which are addressed by the Program. They also advised that in order to reduce recidivism for women convicted of assault and robbery, intervention take place quickly after admittance since the women are sentenced to relatively short sentences (a mean sentence of five years results in parole eligibility after ten months). Dickie and Ward also found that most women charged with assault and robbery were involved in the sex-trade industry. This is consistent with research in the United States that indicated that a prior history of prostitution is an important contributing factor in robberies committed by women.

⁴ "Increasing the Accuracy of Our Predictions of Recidivism: Offenders Needs in the Community". *Forum*, 1989, Volume 1, Number 2. Correctional Services Canada.

⁵ For further discussion of a women-centred strategy, see the task force on Federally Sentenced Women's report in *Creating Choices* (1990), and Shaw, Margaret. (1993) Reforming federal women's imprisonment" in *In conflict with the law*. E. Adelberg & C. Currie (eds.). Vancouver, B.C. Press Gang Publishers. Page 55.

⁶ Ottawa: Correctional Research and Development, Correctional Services of Canada, 1996, as quoted in Dickie, I and Ward L. Women offenders convicted of robbery and assault, *Forum on Corrections Research*, Volume 9, Number 2, 1997. See also Jane Laishes, *Mental Health Strategy for Female Offenders*. 1997, Mental Health Services, Correctional Services of Canada.

In 1990, the Task Force on Federally Sentenced Women issued a report entitled “Creating Choices”. This report was accepted as a CSC guiding document and called for women to be seen within their social context, with gender, race and class inequalities to also be considered. “The Task Force emphasized the importance of assessing individual needs and treating those needs as a whole. In essence, the Task Force rejected the male model of corrections, which classified risks, prioritized needs and fit offenders into prestructured programs.”⁷ In 1997 the context of services for women was formally broadened when the term “women-centred” was used in the Mental Health Strategy for women by CSC. This strategy stated that services for women must be women-centred.

The Program Outline states that the Program is based upon a women-centred framework which it references it takes from Reed and Gavin⁸ According to the outline, “women-centred, in the context of programming, means that the programs reflect the social realities of women and respond to the individual needs of each woman.”

However, the definition of this definitive work actually defines a women-centred perspective as broader. The book advises that in order to enable women to transform themselves, and for those working within that structure, critical thought and analysis is required of the therapist and the client; and both need to challenge the overlap of oppression where it occurs from those systems as it applies to them. Women-centred therapy is thus a shift in the paradigm of looking at the world. It does not focus on what has been done to a woman and how it affected her. It considers how a woman’s view of the world affects her personally and the choices she makes.

A women-centred perspective is therefore broader than the environmental perspective which the Program’s therapist use and reference as an accepted definition. Indeed, this broadened understanding of women-centred is in line with the definitions of service provision offered not only through the B.C. Ministry of Health, but in other provinces such as Ontario.⁹

Because DBT was not specifically set up to deal with offender populations, the Program also includes offence-specific tools incorporated from the men’s prison: an autobiography, offence presentation, victim empathy and role playing, and a detailed Criminal Behavioural Cycle.¹⁰ Over 60% of the components of the Program, termed program “tools”, are those which the therapist links to violence – although as already identified this is not the population group of the participants.

⁷ Shaw, Margaret. (1993) “Reforming federal women’s imprisonment”, in *In Conflict With the Law*. E.Adelberg & C. Currie (eds.). Vancouver, B.C. Press Gang Publishers. P.55.

⁸For further discussion about women-centred approaches to discussing the role of women in society, see Reed, Beth and Garvin, Charles. *Feminist Thought and Group Psychotherapy; Feminist Principles in Praxis*. 1996; DeChant, Betsy Ed. *Women and group therapy*. 1996, New York, NY, The Guildford Press, p.15; Morrow, M. and Chappell, M., British Columbia Center of Excellence for Women’s Health (1999), funded by the B.C. Ministry of Health, BC Ministers’ Advisory Committee on Women’s Health, and BC Ministry of Women’s Equality; p.33.

⁹ Ontario, Ministry of Health. November 1994. Revised Guidelines for Defining the First Priority for Mental Health Reform.

¹⁰ Paper written for presentation at the Canadian Group Psychotherapy Association Conference by Larry Saidman and Fae Chato-Manchuk. Appendix C. pp.3 & 7.

In considering the use of the tools the question then becomes can there be gender neutral offence specific tools – particularly when the context of violence in men and women is so different?¹¹ The suggestion that tools can be gender neutral is addressed in *Hearing Women's Voices, Mental Health Care for Women* (1999), Marina Morrow and Monika Chappell cautioned that: research has shown the diagnostic tools and processes reflect the systemic biases found in society more generally (e.g. sexism, racism, classism, heterosexism, ableism, and ageism).¹² The Program, with its truncated and inadequate definition of women-centred, coupled with the fact that roughly 60% of the Program components utilize offense specific tools, is thus a critical concern.

The strategy that currently exists in the Program is not consistent with the research on women's anger and violence. Whereas men use aggression as an instrument, a tool by which to impose control over others, women use aggression as a means of expression, a release of accumulated tension.¹³ An effective anger management strategy for women requires that they have the ability to express anger in a manner that relieves tension, rather than a strategy that reinforces self-control. A strategy that uses support people to monitor behaviour, such as is used in the Program, results in a continuation of the initial control of anger, rather than releasing the tension. For women holding down the anger, when it becomes unbearable, it leads to an explosion of the anger itself. It would appear that despite the good intention of developing a program where women moderate themselves, a significant part of the Program is framed in terms of finding active support people who will act upon a woman in order to keep her from making decisions and acting in ways which could have negative consequences. The mechanics of anger in men may support such an approach, however when applied to women it is not gender sensitive as the Program purports to be.

Barbara Bloom, in the September 1999 issue of Forum on Corrections Research, poses five questions to be considered when assessing whether programming is gender responsive. The questions are:

1. does the program acknowledge and affirm commonalities and respect differences (e.g. race, class, and sexual orientation) among and within the group;
2. is the program grounded in theory, and is the design based on statistical data and reliable developmental research;
3. does the program acknowledge the value worth of individuals, regardless of their backgrounds and offence histories;
4. does the staff reflect the client population in terms of race, ethnicity, gender, and sexual orientation;
5. does the program utilize gender-specific assessment tools and treatment plans, and does it match appropriate treatment with identified needs of the women and girls it serves? Based on a review of these questions, the Program fails at being what Bloom terms, "a gender-responsive program".¹⁴

¹¹For further discussion of these gender differences please see: Campbell, Anne. Men, Women, and Aggression. New York: Basic Books. 1993. Shaw, Margret and Dubois, Sheryl. Understanding Violence by Women. Ottawa: Corrections Services Canada. 1995.

¹²As cited in *Hearing Women's Voices*. Morrow and Chappell. 1999. Mental Health Care for women. BC Center for Excellence in Women's Health Care.

¹³Campbell, Anne. *Men, Women, and Aggression*. New York; Basic Books. 1993.

¹⁴Barbara Bloom, "Gender-responsive programming for women offenders: Guiding principles and practices", in *Forum on Corrections Research* (CSC), September, 1999, p.24.

PROGRAM FORMAT

The Program uses group therapy, compressed into a twenty week format, with a closed group to stay together for the entire time. CSC standards and guidelines which apply to low, medium and high intensity programs provide suggestions for the duration of the program and whether groups are to be closed, or open with staged entry and scheduled completions dates. The guidelines only speak to program modules for low intensity groups and suggest that victim awareness and empathy, as well as relapse prevention be provided. Given the components of the Program under Linehan's direction the DBT component would be provided once weekly for 2 ½ hours; CSC standards call for 2 hours a week, for eight to seventeen weeks to provide victim awareness, empathy and relapse prevention. According to CSC standards such a course would be considered a low intensity course and be 16-34 hours total compared to the current Intensive Program which has over 400 hours of programming!

Secondly, although Linehan presents arguments for both open and closed groups, she firmly supports open groups, where new members can enter on a continuous basis. She recognizes that a number of circumstances will make it necessary or preferable that the skills training occur on a one-to-one basis. One of the reasons for this is that in closed groups, process issues frequently become more prominent as members get more comfortable with each other. It is highly likely that the closed group will progressively become less task-focused on the skills training agenda. Closed groups are also more resistant to change. Since Borderline individuals have difficulty with change and trust, keeping the group open allows therapeutic exposure to change in a context where clients can be helped to respond to it effectively.

The Program's tools, which require significant disclosure by women in the crime cycle and autobiographical components, require a significant degree of trust and maintenance of confidentiality. The autobiographical component requires women to discuss in a group setting the number of sexual partners they have had, what sexual acts they have performed, and how they masturbate. It is these "tools" that necessitate the closed structure, not DBT. It may be understandable that participants with violent sexual offences discuss this content such as in the men's program it is borrowed from – however however there can be no correlations made for women.

Women are not being treated in a gender-equitable manner. Although the Program has borrowed heavily from the violent offenders' program for men, the eligibility criterion for women is significantly broader than it is in a men's violent offender program. The male violent offender program requires an offender to have committed at least two violent acts or to be considered a high risk to commit violent crimes. The Program's criterion for women relates to broad, undefined recidivism rather than a violent act or risk to commit a violent act. This has resulted in women who pose less risk to the community being required to take more intensive programming than are their male counterparts.

This also raises the issue of whether the state, when placed at minimum risk, has the right to coerce women into intensive, invasive therapy. Traditionally, when courts are confronted with this concern, they have typically responded in the negative. The degree to which the state intervenes in the life of its citizens has been predicated on the potential

risk of the individual to the group. Sanctions or treatment for citizens increase as their inherent risk to the community increases.

Over 60% of the course program “tools” are those which the therapist links to violence. Research supporting these “tools” or remaining components of the Program is lacking. Women are being asked to submit to experimental treatment and experimental psychological testing in contravention of the Canadian Psychological Association Standards, and the Program is being presented to the Parole Board as highly effective and gender sensitive to women. Group therapy is being used to replace existing individual therapy, with no research to support the efficacy of group therapy – especially in this context.

The Program does not deal with the salient services that are necessary for women with mental illnesses and those who have committed violent crimes, such as low education attainment, limited opportunity for employment in adequately paid jobs and significant long-term substance abuse. Even if the Program was effective at changing the beliefs and values of these women, they are still faced with the same limited options that created the set of circumstances under which they acted in a particular way. If women do not have stable housing, if they cannot earn a legal living, and if they have addiction problems, should we be surprised that they are working as prostitutes, the primary link between violent acts and women?

REQUIRED STANDARDS

Both Provincial and CSC policy statements call for: women-centred principals and values as the basis of therapy; a continuum of service; and implementation of the least restrictive and intensive intervention methods possible. The Program does not meet any of these requirements. The Commissioner’s Directive 850 states that a continuum of essential care be provided for those suffering from mental, emotional, or behavioural disorders consistent with professional and community standards, and that it should include assessment and treatment for those suffering from various mental disorders. The autobiographical component of the Program is not within community standards, nor is it the least restrictive/intensive intervention possible. As part of a standard psychological exam some of these questions are asked – however the context is one-to-one therapist to client not a group. The Mental Health Strategy for Women Offenders suggests that intensive programming may be used to treat women with acute mental disorders, such as psychosis or schizophrenia, or other non-psychotic women with long-standing emotional or behavioural problems.¹⁵ It further recommends that this programming be provided in the community within a residential setting. Clearly, the Program is outside of basic standards.

When limited economies of scale come into question because of the limited number of women offenders, the Mental Health Strategy for Women Offenders advise that although each institution need not provide on-site access to all components of the continuum, each institution must provide reasonable and appropriate access for offenders to all levels of

¹⁵ See Jane Laishes, (CSC) Dec. 1997.

care. Providing only one program for all needs does not give appropriate access for offenders to all levels of care (since only one level is provided).

The federal standards apply to the services provided by the Program. The Program is designed for Federal Women, and the Province must meet the federal standards, in so far as these might exceed its own. The Program does not provide women who have mental, emotional, or behavioural disorders with the required services that are designed to be the least restrictive or intensive, depending on each women's needs. Nor, as called for in the Standard Operating Practices for Anger and Emotions Management Programs, does the program utilize criteria to ensure that it is not over-prescribed as an anger and emotions management program. The Program does not provide for the prevention of the over-prescription of the Program and attempts to reduce the needs of the female offenders – regardless of the exact nature of their problems – to a homogenous, one-size fits all population.

The Program is not supported as a women-centred program, it places a higher standard on women than men, and it is not supported as a therapeutic model either. Further, when considered in light of either CSC Standards or Provincial Standards it is lacking and fails to adequately provide for the women.

RECOMMENDATIONS

Based on the Society's review of the literature, and its analysis of the Program, its delivery and objectives, there are eight recommendations for programming pertaining to female offenders. With the exception of the last two recommendations, the recommendations are accepted standards put forth by Corrections Services Canada. The last two recommendations are made in the interest of fairness and based upon the principles of Administrative Justice. The recommendations are:

1. That women not be subjected to higher standards and more restrictive programming than are men;
2. That sentence management include a plan to address the salient areas of intervention for each women unique to her risk needs, and prioritize the interventions;
3. That the Program have clear, articulated and demonstrated practices which show that it has the characteristics that research indicates are essential for the success of women;
4. The programming be consistent with community standards and be women focused;
5. That programming be the least restrictive and intensive as possible;
6. That women be provided service which is risk/needs specific;
7. That a review of the Program be completed by a body external to the Institution and that it be consistent with CSC standards;
8. That parole not be contingent upon completion of the Program without substantiating research as to its validity and effectiveness.

This paper is a shortened version of the original document prepared by the Society. The full document is available through the Society.