

The realities of life imprisonment for women convicted of murder

The 1990 *Creating Choices: Report of the Task Force on Federally Sentenced Women*,<sup>(2)</sup> recommended fundamental changes in the way federally sentenced women are dealt with. Perhaps most importantly, the report suggested that models based on support replace models of correctional intervention and management based on control and punishment.

*The experiences of women serving life sentences serve as a powerful reminder of the importance of this principle. In a study based on interviews with female "lifers," respondents spoke more about the way they were treated than they did about any other facet of their experience.*

*Their accounts of serving a life sentence were largely about the severe restrictions on their autonomy and personal initiative, their subordinate position, and their difficulty in exercising control over their lives.*<sup>(3)</sup>

*The women's experiences also demonstrated that this lack of control cannot be remedied by simply providing more appropriate programs and services. The women did raise issues they wanted to address, but they also spoke about being pressured to take programs - whether or not they felt they needed the programs or the programs were suitable for them - further emphasizing the restrictions on their ability to **make** choices.* Methodology This article is based on research<sup>(4)</sup> begun in 1988, prior to the publication of *Creating Choices: Report of the Task Force on Federally Sentenced Women*. Biographical interviews using non-directive and retrospective techniques allowed women serving life sentences for murder to express their experiences from their own perspective and in their own words.<sup>(5)</sup>

Interviews were conducted with 18 women: 16 were inmates at the Prison for Women in Kingston, Ontario, and 2 were incarcerated in provincial detention facilities in Quebec.<sup>(6)</sup>

Semi-structured interviews were also conducted with 10 administrators, case-management officers and mental-health staff in the institutions where the women were incarcerated. Topics discussed included their experiences with women serving life sentences for murder, their understanding of these women's realities and needs, and current policies and practices for sentence management. Understanding what happened... Many observers have been reluctant to consider the issue of women's involvement in violent offences, except in terms of the women's own victimization.<sup>(7)</sup> This reluctance was not shared by the women interviewed. In fact, most raised the issue of their offence themselves, and all but one acknowledged their involvement in a homicide.<sup>(8)</sup>

The women spoke of their attempts to make sense of what happened, sometimes turning to books or persons inside or outside the prison in their quest for understanding. Their explanations - varied and complex as they sometimes were - typically referred to the broader context of their lives.

However, whatever the circumstances of those lives - being sent to institutions or foster homes, living on the street, being involved in substance abuse, or experiencing physical or sexual abuse - they were not used by the women to minimize or excuse what happened or to absolve themselves of any responsibility.

Even so, such circumstances did make what happened more understandable and moderated the women's image of themselves as "murderers."

Putting the women's behaviour in context can also broaden the range of explanations for, and our responses to, such behaviour. Such an approach is likely to result in constructive responses to past violence: addressing the root causes of the violence and attempting to alleviate some of the damage that has been done. "Doing Life" As the women interviewed pointed out, they were not just serving a sentence, they were serving a **life** sentence. Unlike inmates serving "time [calculated] in years," there is technically no limit to the number of years they could be detained before release into the community.

Although inmates serving minimum sentences of 15 years or more without parole eligibility may apply to the courts for a review of their eligibility after 15 years, the outcome of this process is unpredictable,<sup>(9)</sup> as is that of the parole process itself. More importantly, the women are likely to be supervised long after they leave prison. As many of the women said, a life sentence means that "the system will own you until the day you die."

The women interviewed also spoke of being denied access to programs or privileges (they might otherwise have been entitled to) because of their sentence. Eligibility for certain institutional programs and privileges is often determined by an inmate's security classification. According to current policy; the security classification of inmates serving life sentences can only be reduced after a certain number of years have been served, even when the inmate does not present a risk according to institutional staff.

In part, as staff interviews suggested, this policy paces the granting of privileges so that "the top of the system" is reached close to the inmate's parole eligibility date.

However, in the view of one staff member, such a policy can also contribute to lifers feeling powerless to improve their situation:

"I think most [lifers] just get lost in the system.... They're in this system and they will [not] be processed [until] they meet certain dates, regardless of what they do." The overuse of psychotropic medication<sup>(10)</sup> While much attention is paid to offenders' alcohol and illicit drug use, very little is paid to the overuse of prescribed, psychotropic medication. Nevertheless, half of the women interviewed in the study reported that they had used such medication over a period of months, or sometimes years, either prior that resulted in their conviction, immediately following these events, or at some time later.<sup>(11)</sup>

Often, high demand is given as an explanation for the overuse of psychotropic medication by women and, more particularly, by women in prison. Yet, this explanation ignores the role of medical ideology and practices in the prescription of psychotropic medication.<sup>(12)</sup> Several studies have revealed differential prescribing practices for men and women based on assumptions about their needs.

In addition, this explanation fails to consider how the women's realities can contribute to demand. Some women serving life sentences had come to view medication as a means of dealing with stress, anxiety and the constraints of prison life.

According to Claudine,<sup>(13)</sup> who was serving a minimum sentence of 10 years, female inmates' use of such medication stems from the rarity of alternative outlets for pent-up emotions:

"The normal things are not allowed in prison: the normal kind of exercise, the normal solutions to stress and anxiety that exist outside."

Pressures to conform to institutional expectations, as described here by Claire, also led some of the women to resort to psychotropic medication to maintain their self-control:

"You can't speak your mind in prison. You can't show any kind of anger. You can't release your frustrations. Either you get charged or you get thrown in Seg[regation]. So it makes it hard for a person. I personally don't think the administration can understand what a person goes through when they're living in an environment like this."

However, many interviewees said they felt that, in the long term, medication limited their ability to deal with their situation, so they stopped taking it. The limitations of psychotropic medication are further revealed by the women's descriptions of its effects.

According to Claire, who took psychotropic medication periodically over 10 years while in prison (including 4 years of continuous use), the drugs so reduced her awareness of her situation that she was unable to think or act:

"I was like a zombie. I didn't know what I was doing half the time. I didn't know whether I was coming or going."

Similarly, Lorraine, who took various tranquilizers and sleeping pills in the six years prior to the events that led to her conviction (as well as during her trial), claimed that the medication reduced her self-control:

"It just takes the edge off your senses so that you're never really on top of things, never really in complete control."

The issue of prolonged use of psychotropic medication by female inmates was also raised by one of the staff members interviewed, who worked with women to reduce dependency and restore some sense of personal power, however limited that power may be in prison:

"When one of my goals is to increase sense of self-control and sense of personal power, it's working at odds with medication."

Neither this staff member nor the women interviewed wished to see all psychotropic medication prohibited, but they did point out the risks and limitations of its use. They maintained that it should be used only as a temporary measure in combination with a search for alternative solutions to underlying problems. Conclusion This analysis is not intended to portray women sentenced to life imprisonment as helpless victims or to suggest that all of their difficulties stem from the way they are treated in prison. Such a conclusion would be contrary to what was said by the women interviewed.

However, if the principle of empowerment put forward in *Creating Choices* is to be achieved, we must examine what we expect of federally sentenced women in prison and on conditional release.

We must also recognize that these women are capable of understanding their own needs and allow them more decision-making power in determining what programs and services they require and are best suited to them. The ability to exercise choice is crucial to all women (and men) in prison, whatever the length of their sentence or the range of options available to them.

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(2) *Creating Choices: Report of the Task Force on Federally Sentenced Women* (Ottawa: Correctional Service of Canada, 1990).

(3) For a comprehensive discussion of these issues, see T. Hattem, "Vivre avec ses peines : les fondements et les enjeux du contrôle et de la résistance saisis à travers l'expérience de femmes condamnées à l'emprisonnement à perpétuité," *Deviance et Société* 15, 2 (1991): 137-156.

(4) This research was supported by a grant from the Social Sciences and Humanities Research Council of Canada.

(5) The following statement was used to set the theme for the interviews: "I know you're serving a life sentence. I'd like you to tell me how it's been for you, starting from the beginning up until now."

(6) This represented approximately one third of the women serving life sentences for murder at that time.

(7) For a discussion of these issues, see M. Shaw, "Confronting Violence by Women," paper presented at the Canadian Law and Society Association Conference, Carleton University, Ottawa, June 1993.

(8) Of the 18 women interviewed, 9 had never been in conflict with the law before and 14 were serving their first prison sentence.

(9) At the time of writing, only one woman had applied for judicial review of parole eligibility. Her period of parole ineligibility has been reduced from 25 years to 15.

(10) The term "psychotropic medication" generally includes medication prescribed by a doctor or psychiatrist that acts on the nervous system. Common examples are sleeping pills, tranquilizers and anti-depressants. For a further discussion of the issues surrounding psychotropic medication, see T. Hattem, "Vivre avec ses peines : les fondements et les enjeux de l'usage de médicaments psychotropes saisis à travers l'expérience de femmes condamnées à l'emprisonnement à perpétuité," *Criminologie*, 24, 1(1991): 49-61.

(11) The use of psychotropic medication was rarely mentioned in interviews conducted for a previous study on the experiences of men serving minimum sentences of 25 years in Quebec penitentiaries. See T. Hattem, *Condamnés à 25 ans minimum : expérience vécue et perspectives d'avenir*, rapport de recherche inédit, Université de Montréal, Centre international de criminologie comparée, 1987. The extensive use of psychotropic medication by women is well known. Studies in Canada, the United States and the United Kingdom almost invariably show that psychotropic medication is prescribed to women at least twice as often as to men, usually in the form of tranquilizers. See R. Cooperstock and J. Hill, *The Effects*

*of Tranquilization: Benzodiazepine Use in Canada* (Ottawa: Ministry of Supply and Services, 1983). The limited available data indicate that the difference in use between male and female inmates is even greater. See *Enquete de la Commission des droits de la personne du Quebec a la prison Tanguay, Montreal* (Montreal: Commission des droits de la personne du Quebec, 1985). See also J. Resnik and N. Shaw, "Prisoners of Their Sex: Health Problems of incarcerated Women," *Prisoners' Rights Sourcebook: Theory, Litigation and Practice*, ed. I. Robbins, vol.2 (New York: Clark Boardman, 1980).

<sup>(12)</sup>See N. Stoller Shaw, "Female Patients and the Medical Profession in Jails and Prisons," *Judge, Lawyer, Victim, Thief* eds. N.H. Rafter and E.A. Stanko (Boston: Northeastern University Press, 1982).

<sup>(13)</sup>All of the names used are fictitious to protect identity. Quotations originally in French have been translated.