The effective management of women serving life sentences

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Since the abolition of Capital Punishment in 1976, a life sentence is the most severe penalty that can be imposed by the Canadian Criminal Justice System. "Lifers" pose unique challenges and concerns for correctional administrators and front-line staff alike in terms of appropriate case management strategies. This article explores the risk and need issues surrounding this population with specific focus placed on life sentenced women offenders. A discussion will follow regarding how these findings relate to key policy issues for this specific offender population.

Recently, considerable attention has been placed on issues surrounding long-term offenders.[2] Within Canada, long-term offenders are defined as those who are serving life, indeterminate or determinate sentences of 10 years or more.[3] A recent study[4] revealed that there are currently 3,805 long-term offenders in Canadian federal institutions, of which 62% have been sentenced to life imprisonment.

The increased attention to long-term offender research may be considered a direct result of the growing proportion of this population over the past few decades[5] and it appears that this trend will likely continue. Consequently, research has focused on case management and programming issues for long-term offenders, their coping and adaptability skills, as well as the broader correctional implications of this phenomenon.[6]

Despite the dramatic increase in the amount of resources committed to long-term offender research, there is a paucity of research devoted to women long-term offenders.[7] This article will attempt to shed some more light on this relatively new area of scientific inquiry.

We will explore whether women offenders who are serving life sentences have unique offender management issues that need to be acknowledged by the Correctional Service of Canada (CSC). To accomplish this goal, we compared an archival sample of women lifers to a sample of women non-lifers on several important variables, including offender risk, need and suicide risk potential. These analyses will closely explore women lifers and examine what unique challenges and concerns correctional administrators and front-line staff face when dealing with this population.

Sample

The archival sample used for this study was originally extracted on October 1st, 1997, from the Correctional Service of Canada Offender Management System (OMS) and consisted of 326 women offenders. Study participants were classified as either lifers or non-lifers based on OMS information. This process rendered a group of 59 lifers and 267 non-lifers.

Demographic information

Several analyses were conducted on demographic variables comparing lifer and non-lifer women offenders to explore any between-group differences. Analyses revealed that the average age of lifers (38.8 years, SD=10.74) was significantly older than their non-lifer counterparts (32.98 years, SD=8.17), $t(73.5)=4.67$, $p<.001$. However, this was not surprising as past research[8] has demonstrated that the average age of long-term offenders in Canada is approximately 38 years old.

Lifers and non-lifers were also compared on ethnicity and marital status. Results revealed that there was an equal proportion of Aboriginal offenders in both groups (20%). Finally, in terms of marital status, although non-lifers had a slightly higher proportion of women offenders who were married or common law (32.1%) as compared to lifers (28.3%), this difference was not statistically significant.

Need level

Both groups of women offenders were also compared on their need levels using the Dynamic Factors Identification and Analysis (DFIA) component of the OIA process. These need areas are grouped into seven domains, with each domain consisting of multiple individual indicators. These domains include associates/social interaction (11 indicators), attitude (24 indicators), community functioning (21 indicators), employment (35 indicators), marital/family (31 indicators), personal/emotional (46 indicators) and substance abuse (29 indicators).

The DFIA rates offenders on a four-point scale with the scores ranging from "asset to community adjustment"[10] to "significant need for improvement."

The case management officers provide ratings for each of these variables following careful consideration of several sources of information.

To ease interpretation of the findings, these ratings can be converted into dichotomous variables. More specifically, ratings of "asset to community adjustment" and "no need for improvement" were categorized as not representing a problem area whereas ratings of "some need for improvement" and "significant need for improvement" were categorized to represent a problem area for the offender. The percentage of lifers and non-lifers who had an identifiable problem in any of the seven domains are presented in Table 1.

Table 1 clearly indicates that both groups of offenders show difficulties in a large number of need areas at intake. Interestingly, the non-lifer group evidenced significantly more problems in four of these domains (associates, community functioning, employment and marital/family). The lifer and non-lifer groups were also compared on the number of needs identified at intake through the DFIA process. The results revealed that the non-lifer group had a significantly higher mean number of needs (as determined by the DFIA) identified at intake (3.59 needs, SD=4.4) than the lifer group (2.67 needs, SD=1.38), $t(286.7)=2.80$, $p<.001$. Therefore, it appears that lifers have less problem areas than non-lifers.

Concomitantly, these findings raise an interesting question regarding the appropriate allocation of correctional resources. If non-lifers have more problems in these core criminogenic need areas, should they get more resources committed in terms of correctional treatment programming?

Flanagan (1998) noted that long-term inmates gravitate to the lower end of the priority list for the allocation of correctional resources as a result of the scarcity of program resources within correctional agencies. He suggests that this occurs because the needs of long-term prisoners are not an immediate concern as they are unlikely to be released for a long time. Thus, program resources may be deferred for delivery more proximal to release eligibility. An alternative explanation to this perspective is, of course, that lifers indeed have fewer needs than non-lifers.

Table 1

Overall Need Ratings Women Lifers and Non-Lifers

Type of need	Lifers (N = 58)	Non-lifers (N = 261)
Employment***	52.5%	83.5%
Marital/Family*	62.7%	76.4%
Associates***	50.8%	82.0%
Substance Abuse	50.8%	61.4%
Community Functioning**	55.9%	75.3%
Personal/Emotional	84.8%	91.4%
Attitudes	33.9%	24.3%

** $p<0.05$; ** $p<0.01$; *** $p<0.001$*

Preliminary support for this latter interpretation was found in this study as analyses demonstrated that non-lifers had a significantly higher number of offences in their criminal history ($\underline{M}$=12.8, SD=23.4) as compared to non-lifers ($\underline{M}$=4.3, SD=7.2), $t(293.3) = 4.95$, $p<.001$. This suggests that non-lifers may be more entrenched in a criminal lifestyle, thus evidencing more criminogenic need.

Suicide risk potential

A recent study conducted by the CSC revealed that federal male offenders who had attempted suicide were more likely to be serving life sentences[11] than non-attempters. However, these results were taken from a sample of male offenders and thus we were interested to explore whether or not women offenders serving life sentences endorsed significantly more suicide risk potential items than those women not serving life sentences.

Nine separate indicators of suicide risk potential are assessed during the OIA process. These include: 1) may be suicidal, 2) has previous suicide attempts, 3) has had recent psychiatric/psychological intervention, 4) has had recent loss of relationship or death of close relative, 5) excessively worried about problems, 6) is under the influence of alcohol or drugs or showing signs of withdrawal, 7) showing signs of depression, 8) has expressed suicide intent, and 9) has plans for suicide. It should be noted that these data were only available for 30 of the lifers and 233 of the non-lifers.

Table 2 presents the proportion of women offenders in the lifer and non-lifer groups who endorsed each of these indicators. The analyses revealed two significant between-group differences with the lifer group experiencing more problems in each case. Not surprisingly, the lifers were significantly more likely to be excessively worried about their problems (41.9%) than non-lifers (10.0%), $\chi^2=23.28$, $p<.001$. This intuitively makes sense as these ratings are given at intake and these offenders clearly recognize that they will be incarcerated for a very long period of time so life decisions appear more daunting.

A more disturbing finding was the fact that lifers have expressed suicide intent (16.1%) more frequently than non-lifers (5.1%), $\chi^2=5.56$, $p<.02$. This finding has important offender management implications as it suggests resources should be more heavily concentrated for these offenders during the initial stages of their incarceration where they are clearly vulnerable to adjustment problems.

Table 2

Suicide Indicator Endorsement for Lifers and Non-Lifers

Type of need	Lifers (N = 30)	Non-lifers (N = 232)
Inmate may be suicidal	12.9%	6.9%
Previous suicide attempts*	46.7%	31.3%
Recent psychiatric/psychological intervention	33.3%	23.7%
Recent loss of relationship or death of close relative	22.6%	15.8%
Excessively worried about problems ***	41.9%	10.0%
Under influence of alcohol or drugs / signs of withdrawal	6.7%	5.2%
Showing signs of depression*	25.8%	13.4%
Has expressed suicide intent**	16.1%	5.1%
Has plans for suicide	3.2%	1.3%

** p<0.10; **p<0.05; ***p<0.001*

Several other findings are also important to note. In particular, it appears that lifers have more previous suicide attempts and demonstrate more symptoms of depression at intake than non-lifers do. However, it should be noted that these between-group differences were not found to be statistically significant. Once again, these findings highlight the importance of assigning adequate resources to these offenders at intake, particularly in the area of mental health.

Each of the aforementioned suicide indicators was scored dichotomously (absent or present). In order to obtain a more comprehensive examination of the degree of suicide risk potential for this sample of offenders, these items were summed to have a composite measure with a potential range from 0 to 9. Comparing the lifers and non-lifers on this composite variable revealed that the women serving life sentences endorsed a significantly higher mean number of suicide indicators (2.17 indicators, SD=2.35) than their non-lifer counterparts (1.02 indicators, SD=1.50), $t(31.1)=2.57$, $p<.02$. This provides even more support for the more focused attention of mental health resources at intake for women offenders sentenced to life imprisonment.

Discussion

The present study has explored whether women offenders serving life sentences have unique case management issues when compared to their non-lifer counterparts. The results clearly indicate that this is in fact the case and these distinctions may have important implications for the delivery of mental health service.

The most important findings for the Service were found within the need and suicide risk potential analyses. More specifically, although women lifers do not exhibit as many problems in the core need areas as non-lifers, areas involving suicide risk potential appear particularly important. As such, mental health resources for women offenders should be allocated more intensively to this area and be made immediately available to these women upon their admission to federal custody.

Clearly more work needs to be done. Specifically, the area of prison adaptability for long-term women offenders needs further investigation. Therefore, future studies could examine the effective coping and adaptability skills employed by women long-term offenders who have been incarcerated for an extended period and develop these into a skills training program for incoming long-term women offenders to ease their transition to the institutional environment. This suggestion has merit as others have found that the early period of incarceration is particularly stressful or long-term offenders.[12] A program specifically designed to aid women long-term offenders in effectively coping with their institutional surroundings could ease their transition to prison life. ■

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[2] Flanagan, T. (1998). *Long-Term Imprisonment: Policy, Science, and Correctional Practice.* Thousand Oaks, CA: Sage Publications.

[3] Weekes, J.R, (1992). "Long-Term Offenders: Who Are They and Where Are They?" *Forum on Corrections Research*, vol. 4, nº 2, p. 3-13.

[4] Motiuk, L.L. and M. Nafekh (2000). "The long-term offender in federal corrections: A profile," *Forum on Corrections Research*, vol. 12, nº 3, p.

[5] Flanagan, T. (1992). "Long-Term Incarceration: Issues of Science, Policy and Correctional Practice," *Forum on Corrections Research,* vol. 4, nº 2, p. 19-24.

[6] Flanagan. 1998.

[7] MacKenzie, D., J. Robinson and C. Campbell (1998). "Long-Term Incarceration of Female Offenders," *Long-Term Imprisonment: Policy, Science, and Correctional Practice,Ch.13*, Thousand Oaks, CA: Sage Publications.

[8] Weekes. 1992.

[9] Motiuk, L.L. (1997). "Classification for correctional programming: The Offender Intake Assessment (OIA) Process," *Forum on Corrections Research*, vol. 9, nº 1, p. 18-22.

[10] This rating is not applicable to the substance abuse or personal/ emotional domains

[11] Wichmann, C., R. Serin and L.L. Motiuk. *Predicting suicide attempts among male offenders in federal penitentiaries,* R-91. Ottawa, ON: Research Branch, Correctional Service of Canada, 2000.

[12] MacKenzie, Robinson and Campbell, 1998.