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On Corrections Research

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FORUM



Special Issue

- Evaluating Anger Management Programs
- How Does Criminal Activity Stop?
- The Issue of Suicide
- Life Expectancy of Staff
- Developing Offender Typologies
- AIDS Knowledge Among Inmates
- Research Across the Correctional Service of Canada



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FORUM ON CORRECTIONS RESEARCH is published three times a year in both English and French for the staff and management of the Correctional Service of Canada.

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Forum on Corrections Research

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This is not a typical issue of FORUM. First of all, it is about one month late, but I will get back to that soon. Second, you may already have noticed that this issue has no particular theme. Rather, it features a variety of articles on a variety of topics, from the evaluation of anger management programs to AIDS knowledge among prisoners.

This issue is made up of articles that were submitted to us in response to our call for papers. Issuing a call for papers can be seen as somewhat of a test of the popularity or credibility of a publication. Considered this way, we passed the test. We received many interesting and high-quality articles. Space limitations dictated that we could publish only **some** of these articles, but we also retained some for future issues.

Perhaps because of some of our own biases, but I think also because of some emerging foci in corrections, the articles fell nicely into three broad categories: research on offender-programming issues, staff issues and management issues. It is notable that our contributors are mostly practitioners, not academics who have to "publish or perish," but corrections professionals who somehow find the time to frame and answer their concerns with discipline and rigour. They are not pretending to do social science; they are realizing the ideals of the scientist-practitioner model – to be in touch with what you study!

I would like to extend a sincere thank-you to all those who took the time and effort to contribute to this issue. It is gratifying to be able to provide a continuing forum for thoughtful research-based analysis of correctional issues.

We have heard repeatedly from our readers that FORUM is uniquely appealing as a publication, owing to its particular blend of facts, program descriptions and readable research articles that inform practice. We agree. However, continuing fiscal restraint has made it necessary that we seek ways to economize on publication costs. FORUM will now be published in January, May and September, hence the late arrival of this issue.



Frank J. Porporino, Ph.D.
Director General
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Anger Management in the Prison: An Evaluation

by D. Hunter¹

Institutional Psychologist, Saskatchewan Penitentiary (Prairies)

As late as 1987, there was little published research on the impact of cognitive-behavioural anger management programs among forensic populations. Anger management programs designed specifically for use in the prison setting are rare. They are also increasingly in demand but are rarely evaluated.

Correctional institutions are attempting to reduce violence in prison by offering anger management programs. It is also hoped that these programs will curb aggressive behaviour after release. As a result, programs for anger management have implications for both prison management and broader society. Determining the effectiveness of these programs is important because of their burgeoning use in the prison system without concomitant evaluation.²

Using appropriate measures of cognition, personality and behaviour, this study evaluated the effect of an anger management program on male federal offenders.

Current Aggression Theory

There are three major perspectives in contemporary aggression theory. These focus on personality, situational and cognitive factors. Aggression is rarely viewed as the product of a single factor, but as the result of a complex of interpersonal exchanges where the situation, thoughts and feelings, and

personality play powerful roles.³

Although there is no single personality type associated with aggressiveness,⁴ there are some enduring traits – such as hostility, anger, suspiciousness,⁵ impulsiveness, social withdrawal and denial of hostile feelings⁶ – that are linked with aggression.

Situational factors are those

environmental elements that may bring about or accommodate violence⁷ – for example, a predatory style developed in spousal relationships.⁸ Other factors include stress,⁹ the dehumanizing of the victim or diffusion of responsibility¹⁰ and anonymity of the aggressor.¹¹

Cognition bridges the elements a person brings to a situation and the resulting behaviour. Personal beliefs, expectations, self-talk and values may mediate anger arousal. For this reason, cognitive therapy can be used to train individuals to use these tools to reduce anger.¹²

A 10-week anger management program¹³ was the focus of evaluation. The program was developed to address anger control problems among violent inmates who had a propensity for acting out violently against other people and/or property. In the initial four-week section, each participant completed a workbook, kept an anger log and met with a counsellor. The participant then entered a six-week group program with intensive training in relaxation therapy, stress management, conflict resolution and cognitive therapy (which examines the participant's errors in thinking, irrational beliefs and negative self-talk).

¹ The writer wishes to acknowledge the contribution of Dr. Richard MacLennan of the University of Regina in his role as thesis adviser.

² R. Blackburn, "Patterns of Personality Deviation Among Violent Offenders: Replication and Extension of an Empirical Taxonomy," *British Journal of Criminology*, 26 (1986): 254-269.

³ W. Mischel, *Introduction to Personality*, 4th Ed. (New York: Holt, Rinehart and Winston, 1986).

⁴ J.M. Bush, "Criminality and Psychopathology: Treatment of the Guilty," *Federal Probation*, 47 (1983): 44-49. See also M.S. Heller and S.M. Ehrlich, "Actuarial Variables in 9,600 Violent and Non-violent Offenders Referred to in a Court Psychiatric Clinic," *The American Journal of Social Psychiatry*, 3 (1984): 30-36.

⁵ Blackburn, "Patterns of Personality Deviation Among Violent Offenders."

⁶ Mischel, *Introduction to Personality*.

⁷ H. Toch, "True to You My Darling, in My Fashion: The Notion of Contingent Consistency," in A. Campbell and J. Gibbs (Eds.), *Violent Transactions* (Oxford, England: Basil Blackwell, 1986).

⁸ J. Goldstein, *Aggression and Crimes of Violence* (New York: Oxford University Press, 1975). See also C. Tavis, *Anger: The Misunderstood Emotion* (New York: Simon and Schuster, 1982). And see D. Meichenbaum, *Coping with Stress* (Toronto: John Wiley and Sons Canada, 1983).

⁹ A. Bandura, B. Underwood and M.E. Fromson, "Disinhibition of Aggression Through Diffusion of Responsibility and Dehumanization of Victims," *Journal of Research in Personality*, 9 (1975): 253-269.

¹⁰ R.G. Geen and E.I. Donnerstein (Eds.), *Aggression: Theoretical and Empirical Reviews, Vol. 2* (New York: Academic Press, 1983).

¹¹ A.T. Beck, *Cognitive Therapy and the Emotional Disorders* (New York: New American Library, 1976). See also A. Ellis, *Anger – How to Live With and Without It* (Secaucus, N.J.: Citadel Press, 1977). See also R.W. Novaco, *Anger Control* (Toronto: Lexington Books, 1975). And see D. Meichenbaum and D. Turk, "Stress, Coping and Disease: A Cognitive-Behavioral Perspective," in R.W.J. Neufeld (Ed.), *Psychological Stress and Psychopathology* (New York: McGraw-Hill, 1982).

¹² M. Cullen, *Cage Your Rage: An Inmate's Guide to Anger Control* (College Park, Md.: American Correctional Association, 1992).

¹³ L.E. Stermac, "Anger Control Treatment for Forensic Patients," *Journal of Interpersonal Violence*, 1 (1987): 446-457.

Research Method

A total of 55 male inmates in federal correctional institutions participated in the study (28 treatment and 27 control). There were six separate offerings of the program in three different federal institutions by four different therapists.

Two results were expected. One was that inmates participating in a cognitive-behavioural anger management program would show less violent ideation and behaviour than a control group tested over the same period. The other expectation was that the treatment program would significantly reduce levels of pathological personality in the treatment group with no change in the control group over the same period.

The program was effective in very specific areas.

The prison environment has unique problems for the therapist and the program evaluator. Subcultural expectations and rigid systems of prisoner management may reduce or mask program effectiveness. Therefore, multiple measures were used to assess program impact. Six scales were used to tap variables in personality and in the cognitive, situational and behavioural areas.

Personality variables were measured using the Basic Personality Inventory (BPI),¹⁴ the State-Trait Anger Scale (S-TAS)¹⁵ and the Buss-Durkee Hostility Inventory (B-DHI).¹⁶

Cognitive variables were measured with five scales drawn from the B-DHI and the state anger section of the S-TAS.

Socially desirable response was measured using the Marlowe-Crowne Social Desirability Scale¹⁷ and the Personality Research Form-E.¹⁸

The Inmate Record Form, developed by the program evaluator, was used to obtain demographic information and situational factors relating to offence type. It was also

used to record data from inmate files (particularly disciplinary files) for two months before treatment and two months after treatment.

A total of 28 variables were thus available to evaluate the program. The test battery was administered before treatment began and immediately after; the control group was tested at the same times.

Results

On nearly every measure, the treatment group showed significant change after treatment. However, such change only demonstrates the effectiveness of the program if the same change does not occur in the control group. When the differences between the amount and type of change were compared with those of the control group, it became clear that the program was effective in very specific areas. Of the several measures used, the BPI and the B-DHI were the most sensitive. The number of times an individual was charged for verbal assaults against staff was also significant.

The treatment group's scores on the BPI scales for impulsiveness, depression and interpersonal problems were significantly lower at the end of the program, as were their scores on the B-DHI assault scale. Lower scores on the impulsiveness scale indicate a reduction in the individual's likelihood to engage in risk-taking behaviour, to be reckless, to use little foresight and to become easily bored. Lower scores on the scale for depression are related to optimism, more energy and higher self-esteem. Lower scores on the interpersonal problems

The treatment group showed improvement in nearly every scale used to measure anger and hostility.

scale indicate that the individual is less frustrated, more co-operative and less resistant to authority (discipline, rules or criticism). Lower scores on the B-DHI assault scale indicate that the individual is less likely to physically assault other persons.

Verbal assault of staff, as measured by records of institutional infractions, was significantly reduced for the treatment group – from eight incidents before treatment to one incident after treatment.

Discussion

The results strongly support the two hypotheses. This anger management treatment program produced significant changes. Such programs can be effective in two ways: they can instill a non-hostile, problem-solving approach to conflict in interpersonal relationships. They can also teach individuals to reduce anger arousal and to develop conscious control over anger-arousing thought patterns.

At the institutional level, the fact that the treatment group was involved in less verbal conflict with staff after treatment is very positive. Verbal assault can be the precursor to physical violence. Furthermore, participants

¹⁴ D.N. Jackson, *Basic Personality Inventory Manual* (London, Ont.: Sigma Assessment Systems, 1989).

¹⁵ C.D. Spielberger, G. Jacobs, S. Russell and R.S. Crane, "Assessment of Anger: The State-Trait Anger Scale," in J.N. Butcher and C.D. Spielberger (Eds.), *Advances in Personality Assessment, Vol. 2* (Hillsdale, N.J.: Lawrence Erlbaum, 1983).

¹⁶ A.H. Buss and A. Durkee, "An Inventory for Assessing Different Kinds of Hostility," *Journal of Consulting Psychology*, 21 (1957): 343-349.

¹⁷ D.P. Crowne and D. Marlowe, "A New Scale of Social Desirability Independent of Psychopathology," *Journal of Consulting Psychology*, 24 (1960): 349-354.

¹⁸ D.N. Jackson, *Personality Research Form Manual* (Port Huron, Mich.: Research Psychologists Press, 1984).

reported that they thought they would engage in less physical violence toward others in general.

The reductions in scores on scales measuring depression, interpersonal problems and impulsiveness indicate that the participants felt less susceptible to aggravation and conflict with authority figures. They expressed feeling better about themselves and their interpersonal relationships. Overall, they reported feeling more optimistic about the future.

It is encouraging that there were no differences in the results across therapy groups or therapists, which gives some indication of the strength of the program itself over the therapist's personality or the program setting.

The treatment group showed improvement in nearly every scale used to measure anger and hostility. Similar, but more modest, changes in the control group indicate these improvements could have been the result of other influences. It is expected that if the sample size was increased, the variation between the treatment and control groups would become more distinct, and the more subtle changes due to treatment would be revealed.

The results are encouraging and indicate that further research is warranted. The effectiveness of the various elements of the program, as well as length and delivery, need to be assessed. Follow-up beyond the two-month period of this study is necessary to assess the maintenance of gains afforded by the treatment. It would be worthwhile to see if booster sessions would help to improve program evaluation, with particular attention paid to the diversity of populations represented in the prison and of programs offered.

Although the treatment and control groups demonstrated some parallel changes, it is noteworthy that the treatment group showed a consistent trend in lower scores on all measures of aggression, hostility and anger after treatment. These results give every indication that the program deserves further attention. ■

Anger Management Program Outcomes

by Gareth V. Hughes¹

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Increasingly during the last decade, correctional systems in North America have felt that anger management programs would benefit their clients. Many offenders are thought to have difficulty dealing with anger, aggression and hostility. Such difficulties are assumed to have a causal relationship with offenders' anti-social and criminal behaviour, and with the level of violence in correctional institutions.

The content of anger management programs has been described in some detail by Novaco² and Ellis.³ Cognitive-behavioural programs specifically for use with offender populations have been described by Fink,⁴ Kirchner and Kennedy,⁵ and Samuel.⁶ However, with the notable exception of Novaco's 1978 monograph, there has been a dearth of studies evaluating the effect of such programs.

The results of the few evaluation studies published are not always clear. Typically, studies show short-term treatment success using measures of self-report, but show no differences in ratings of institutional behaviour. Long-term evaluation of the effectiveness of anger management programs is notably absent from the literature. Yet long-term evaluation is particularly crucial with offender populations, where it is assumed that anger management programs will have some impact on future criminal behaviour. These assumptions affect decisions regarding future risk and conditional release programs for offenders. Parole boards and case management officers have been reluctant to grant or recommend conditional releases to inmates who have received no appropriate help for anger problems.

The present study evaluates the short- and long-term impact of a cognitive-behavioural anger management program on a group of adult male offenders.

Program Description

The program consisted of 12 weekly two-hour sessions in which a combination of educational and experiential material was used to address three basic issues:

- 1) Understanding the concept of anger and why and when to control anger.

Techniques used included arousal awareness, anger recognition, basic moral reasoning and concepts of self-interest.

- 2) Reducing anger cognitively through the use of coping self-statements, problem-solving exercises, a sense of proportion and

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² R. Novaco, *Anger Control: The Development and Evaluation of an Experimental Treatment* (Lexington, Mass.: D.C. Heath, 1975).

³ A. Ellis, *How to Live With and Without Anger* (Toronto: Fitzhenry & Whiteside, 1977).

⁴ E. Fink, *A Cognitive-Behavioral Group Therapy Program for Problems of Anger and Aggression in Adult Male Offenders*. Doctoral dissertation, Rutgers University, 1980.

⁵ E.P. Kirchner and R.E. Kennedy, *Leaders' Manual for an Assertive Skills Course in Correctional Settings* (University Park, Pa.: Institute for Research on Human Resources, 1978).

⁶ R. Samuel, "ABC of Anger Management," *Canada's Mental Health*, 31, 1 (1983): 21.

humour, and the basic tenets of rational-emotive therapy.

- 3) Modifying and improving behavioural coping skills through relaxation training, assertiveness training and role playing different behavioural responses.

The program emphasized role playing, both to model new behaviours and to allow inmates to practise new skills. In a group setting, this also allowed clients to receive feedback, in a relatively "safe" situation, on how their behaviour determined the behaviour of others. Thus, participants were taught to use assertive behaviours in place of aggressive or underassertive responses when angry feelings were unavoidable. The program also taught participants to reappraise external events cognitively to reduce the frequency and intensity of angry feelings.

While the focus and aims of each session were strictly adhered to, the content of the role playing remained flexible. Appropriate coping skills depend very much on the situation and may best be taught within the context of the inmate's own problems. These coping skills typically include how to respond to accusations, how to complain effectively and how to keep out of fights.

The anger management group was jointly run by an experienced clinical psychologist with advanced training in rational-emotive therapy and a drama teacher from a local university, who was assisted by a drama student. The latter two were well versed in the analysis of behaviour such as eye contact, body posture and voice. Dramatic acting involves skills in observing environmental factors that shape thoughts, feelings and behaviour. Thus, the drama teacher and student had considerable credibility in teaching clients how to *act* in different and more appropriate ways.

Study Method

A study was carried out on one group of offenders to evaluate the short- and long-term impact of this cognitive-behavioural anger management program. This group was compared with a second group of offenders, who

were referred and assessed as suitable clients for the program, but who did not start or did not complete the program for various reasons.

Initial Assessment

Over a period of 24 months, 79 male offenders incarcerated in Kingston Penitentiary were referred and assessed as suitable clients for an anger management group program. All were administered an extensive battery of assessments which included the Ammons Quick Test, the Beck Depression Inventory, the Overcontrolled Hostility Scale from the Minnesota Multiphasic Personality Inventory, the IPAT Anxiety Inventory, the Interpersonal Behavior Survey, the Jones Irrational Beliefs Test and questionnaires relating to physical symptoms of anger and anger-provoking situations.

A total of 52 offenders attended at least six group sessions (i.e., half of the program) and were deemed to have received treatment. Another 27 offenders were deemed not to have received treatment, including 8 who had started the program but dropped out after one or two sessions. The remaining 19 decided not to participate in the program for a variety of reasons, such as work priorities, imminent transfer to another institution or lack of interest. This comparison group did not differ significantly from the offenders who completed the program on any of the initial psychometric assessments.

Immediate Postprogram Follow-up Measures

Within four weeks of completing the program, all participants were again given the two anger questionnaires, the Interpersonal Behavior Survey and the Jones Irrational Beliefs Test.

Attempts to retest non-participants (those who were referred but who did not complete the program) were largely unsuccessful. There were, therefore, insufficient data to report on this comparison group.

Participants in the last two group programs were also put through three standardized role-playing tests, both before and after the program. Similar procedures to those described by Novaco⁷ were used, and participants were asked to rate their level of anger immediately after each role-playing situation.

Long-Term Follow-up Measures

During a nine-month period, four years after completion of the last program, an attempt was made to locate all 79 offenders who had been referred to the program. Where possible, subjects were asked to report how many hours of psychological or other professional treatment they had received since completing or being referred to the program.

In addition, each offender's case management officer was asked to rate the subject's ability to cope with problematic emotions (e.g., anger and anxiety) and to cope in various life domains (e.g., employment, family and friends). The likelihood of the offender remaining crime-free was also rated.

For those offenders who had been released, Canadian Police Information records and Correctional Service of Canada records were obtained to learn whether the subject had reoffended, and if so, the type of crime and the latency to rearrest (i.e., the length of time that had elapsed between release and rearrest).

Results

Table 1 summarizes the differences in preprogram and postprogram scores for the questionnaires and psychometric tests. The results include only those offenders who completed the anger management program. As mentioned above, insufficient information was available on the comparison group of non-participants. Furthermore, the almost 50% reduction in the number of subjects, from the 52 who had completed the program, resulted from subjects' refusal or unavailability to complete the postprogram measures.

⁷ Novaco, Anger Control.

Table 1
Pre- and Postprogram Scores* for Offenders Completing the Anger Management Program

Measure	Preprogram Score	Postprogram Score
Physical Symptoms (N=25)	44.84	30.00
Anger Inventory (N=26)	148.85	121.04
Irrational Beliefs (N=21)	283.43	263.90
Interpersonal Behavior Survey (N=27)		
GGR (Aggression)	12.67	8.11
SGR (Assertion)	35.52	42.67
Conflict Avoidance	10.37	9.89
Dependency	9.93	7.85
Shyness	9.96	6.78
Impression Management	13.65	15.92
Role-Playing Self-Ratings (N=9)	53.22	28.78

* All differences in scores are highly significant statistically, with the exception of scores on the measure of conflict avoidance.

With one exception, all differences were highly significant, and in the expected and desired direction. That is, participants performed significantly better on almost all measures after completion of the program. The one exception is in conflict avoidance where any change in participants' scores after treatment could have been construed as undesirable.

Table 2 summarizes the long-term follow-up measures for program participants and non-participants.

Measures of recidivism were restricted to offenders who had been released. Of the total number of subjects, 39 had never been released and most of these were serving life sentences. Two of those never released died in prison during the period of the long-term follow-up. One individual released into the community also died. None of the deceased were included in the long-term follow-up figures.

Differences between the two groups on measures of recidivism are unclear, making interpretation difficult. Four out of five measures show a trend in the desired direction. However, the results for "latency to rearrest" and "treatment hours" should be viewed with caution, since the scores within each group varied so much.

With only two exceptions, offenders in this study had histories of violence. This included a number

of offenders convicted of murder, and murder offenders typically have very low rates of recidivism. However, of the 41 **released** offenders, only one had been serving a life sentence for murder; 37 had a history of multiple incarcerations when they were referred to the program. The released subjects may have therefore been considered a high-risk group for violent reoffending. Thus, it was important to distinguish between violent reoffending and general recidivism which included breach of parole conditions and outstanding charges which had not resulted in reincarceration. While

program participation showed no effect on general recidivism, the effect on convictions for further violent crime did **approach** significance.

Discussion

Changes resulting from the program, as measured by self-report and other psychometric tests administered immediately after the program, can clearly be demonstrated.

Similar changes in Interpersonal Behavior Survey scores to those reported here have been reported by Bellemare and McKay.⁸ However, such changes may not be entirely trustworthy, as evidenced by the significant increase in "impression management" in Table 1. Subjects have many reasons for professing a change in how they feel, and how they would hypothetically behave, after completion of the program. Even with the best of intentions, improved skills and self-efficacy, the demands of a provocative situation may overwhelm the subject and elicit ingrained dysfunctional reactions. It would be reassuring to have more behavioural measures of change.

For several reasons, such behavioural measures are difficult to obtain. In this study, an attempt was made to use the number of institutional charges as a measure of behaviour. However, charges were so rare as to

Table 2
Comparison of Follow-up Measures* for Program Participants and Non-Participants

	Non-Participants		Participants	
	No	Yes	No	Yes
Case management officer adjustment ratings**	33.58 (N=19)		40.09 (N=42)	
Treatment hours since program	11.12 (N=17)		22.28 (N=39)	
Latency to rearrest (months)**	5.55 (N=11)		22.04 (N=12)	
Any evidence of recidivism	31.3%	68.8%	44%	56%
Conviction for violent crime	31.3%	68.8%	60%	40%

* Results measured at the time of follow-up.

** Difference in scores is statistically significant.

⁸ F. Bellemare and D. McKay, "An Anger Management Program in a Maximum Security Federal Penitentiary." Unpublished poster presentation, 1990.

render the measure useless. Also, a case manager's rating of an offender's coping skills, some years after program completion, is somewhat tenuous as a measure of behaviour. Nonetheless, the difference in ratings between program participants and non-participants is significant and in the desired direction.

The need for follow-up or maintenance treatment to bring about long-term behavioural control has been eloquently argued by those involved in sex offender treatment and research (e.g., FORUM, Vol. 3, No. 4, December 1991, on sex offender programming). Maintenance treatment and follow-up are equally essential for correctional clients with any long-standing pattern of dysfunctional behaviour. Unfortunately, many offenders, as well as case managers, fail to accept the need for follow-up treatment; they believe the program somehow cures or fixes the problem. This attitude is typified by the offender who, in no uncertain terms, angrily rejected the suggestion of taking an anger management treatment program. He said that he had already done anger management and had all the notes in a box somewhere. Unfortunately, the program content was neither in his head nor in his behavioural repertoire.

The attempt to collect information on further treatment was not entirely successful in this study. While there was a trend for program participants to continue with more treatment than the comparison group, further review of the "treatment hours" data suggests that this measure was also related to recidivism and further incarceration. There was a significant positive correlation between the number of months of reincarceration and total hours of treatment. Most subjects who were reincarcerated had further treatment after reincarceration, rather than in the community where it might have been of more value. Thus, the tendency for offenders to take part in treatment programs only when incarcerated obscures the role of continued treatment in reducing recidivism. To

compound the problem in this study, some data on continued treatment were missing, and most of the missing cases were subjects who were released successfully into the community.

A further complication arises from the kind of additional treatment offered to or taken by the subject. It is reasonable to assume that some treatment may not be compatible with the cognitive-behavioural orientation of the anger management program, with its emphasis on self-management and responsibility. Thus, further treatment may have been counter-productive. In this study, inmates supplied their best guesstimate of the number of hours of professional help they had received. Many subjects were vague and unsure of what treatment they had received. Information on treatment was rarely included in a subject's psychological records, and even if it was, it was not always clear how much or what kind of treatment had been offered.

Like many quasi-experimental studies conducted by clinicians whose attention is divided among competing priorities and pressures, there are a number of methodological design problems. Offenders are not always co-operative in completing lengthy questionnaires. Because of other pressures, some offenders were allowed into the program without completing the preprogram assessment. Others refused to participate in the program because they did not like filling out the preprogram psychometric tests. Needless to say, they were not about to comply with a request to redo the same battery of questionnaires. Missing data were frequently a problem, making numbers too low to perform an adequate analysis.

The movement of offenders within the system is both time-consuming and difficult to track. Once past an offender's warrant expiry date, tracking is virtually impossible unless the offender commits another

offence. This makes any collection of longitudinal measures difficult. Official records are more readily available but are not always designed to capture the information required. For example, Correctional Service of Canada summaries give sentence commencement dates for new charges. These dates are rarely the same as reincarceration dates, which are more pertinent to a measure of latency to rearrest.

Finally, there is the problem of whether to include offenders serving life sentences in this type of study. Long-term program assessment using such traditional measures as recidivism are clearly inappropriate. The length of time to release is unusually long and recidivism rates are low, regardless of treatment. Andrews and colleagues⁹ argue against treating low-risk and low-need offenders. Many lifers can be so categorized, and yet many demand psychological programs and claim to achieve considerable personal growth from participating in them. Certainly, such programs are a means of passing time profitably and may be a means of reaffirming the non-criminal values held by many lifers.

Summary

For those offenders in this study who were released during the follow-up period, the rate of overall recidivism was relatively high (61%). Whether or not the subject had completed the anger management program had no significant effect on the overall rate. However, if we examine only recon- victions for a violent crime, program completion had a more noticeable effect (the rate of recidivism was 40%). Certainly, the length of time in the community before rearrest was significantly longer for those who had completed the program.

Once again, we are brought back to the question of expectations of change in high-risk violent offenders. Perhaps any reduction in violent crime and any increase in latency to reoffend

⁹ D.A. Andrews, I. Zinger, R.D. Hoge, J. Bonta, P. Gendreau and F.T. Cullen, "Does Correctional Treatment Work? A Clinically Relevant and Psychologically Informed Meta-Analysis," *Criminology*, 28 (1990): 369-404.

should be considered a success.

This study offers some evidence of the positive impact of completing a cognitive-behavioural anger management program on violent offenders. The program was based on the

now-accepted principles of effective correctional treatment, which emphasize self-monitoring and responsibility for attitudes and behaviour.

From both anecdotal evidence provided by the many graduates of

cognitive-behavioural programs, such as the one under consideration, and the limited results of the present study, I remain optimistic about the value of such programs. ■

The Abusive Relationships Inventory: Preliminary Findings

by D. Boer

Regional Treatment Centre, Ontario Region
and S. Wong, R. Templeman and M. Christopher
Regional Psychiatric Centre, Prairies Region

The *Abusive Relationships Inventory (ARI)* was developed to assess the attitudes and beliefs of men who have been physically, mentally or sexually abusive toward their spouses – men who are batterers. Preliminary results suggest that the ARI measures tendencies to rationalize abusive behaviours and to project blame onto the spouse. The ARI may be useful in treatment programs to assess attitudes of batterers.

Family violence is a serious problem in our society. The majority of the perpetrators of family violence are male batterers, many of whom are convicted and incarcerated in federal penitentiaries. The Correctional Service of Canada recognizes the reduction of family violence as a programming priority and encourages the provision of treatment services to inmates with a history of battering.

Research suggests that violence against women is often associated with negative attitudes and beliefs toward women, rationalization of abusive behaviours, externalization of blame and a need to control and dominate in the relationship.¹

Our research is aimed to design an instrument to measure these attitudes and beliefs. The measures could then be used to identify candidates for treatment and to assess changes in attitudes and beliefs as a result of treatment.

To the best of our knowledge, this is the first attempt to develop a psychometric instrument to measure the attitudes of incarcerated male batterers.

Method

The ARI and the Marlowe-Crowne Scale² were completed by 195 male offenders selected from federal penitentiaries in the Prairies and Ontario regions. The Marlowe-Crowne Scale was used to measure the tendency to give socially desirable responses

Two significant factors of the ARI are correlated. These factors measure "rationalizations for abusive behaviour" and "attributions of spousal blame and maintenance of gender stereotypes."

(i.e., making oneself look good) which could affect the results.

The average (mean) age of the offender sample was 33, with a mean educational level of 10 years. Of the total sample, half were or had been married, 40% were single and the rest were of unknown marital status.

Results and Discussion

The ARI was found to be internally consistent, and this was not affected by any tendency on the part of subjects to give socially desirable responses.

More detailed analyses suggest that two significant factors of the ARI are correlated. These factors measure two attributes which are tentatively labelled as "rationalizations for abusive behaviour" and "attributions of spousal blame and maintenance of gender stereotypes."

The rationalization factor measures rationalizations and excuses that batterers use to justify their abusive behaviour toward others. Examples of statements that represent this factor are: "If a man is out of a job, frustrated and feeling useless, it is O.K. for him to hit his wife," and "One good reason to hit your partner is to have good sex after the fighting stops."

The attribution of blame and sexual stereotyping factor measures the tendency to project the cause of abusive behaviour onto the spouse and the tendency to stereotype women. This factor includes statements such as: "If my partner goes out of her way to make me jealous, then she deserves to get hit," and "Most women like to get hit once in a while."

¹ D.P. Crowne and D.R. Marlowe, "A New Scale of Social Desirability Independent of Psychopathology," *Journal of Consulting Psychology*, 24 (1960): 349-354.

² J.C. Overholser and S.H. Moll, "Who's To Blame: Attributions Regarding Causality in Spouse Abuse," *Behavioral Sciences and the Law*, 8 (1990): 107-120.

Further analyses reduced the original 50-item ARI to a 39-item inventory (with no significant change in its overall psychometric properties).

Although the preliminary results were promising, it is too early to use the ARI for clinical or assessment purposes. Further research is under

way to establish the ARI's reliability over time (test-retest), its ability to discriminate batterers from non-batterers and its relationship to other constructs related to violence against women, e.g., hostility and aggression. The ARI may be revised to reflect more fully the control and domination of an

abusive relationship.

The authors encourage the use of the ARI as an experimental instrument in the assessment of attitudes and beliefs of male batterers. Feedback regarding the inventory is welcomed and may be directed to D. Boer, from whom copies of the ARI can be obtained. ■

Offender Typologies: Identifying Treatment-Relevant Personality Characteristics

by John R. Weekes

Research Manager, Research and Statistics Branch, Correctional Service of Canada and Susan J. Morison

Psychologist, Drumheller Institution (Prairies)

It is only recently that corrections has recognized the importance of active intervention with offenders to reduce the likelihood that they will return to their former criminal patterns after release from custody. In large part, this recognition has been fuelled by a virtual explosion of research demonstrating the relationship of criminal sentiments, attitudinal factors, belief and value systems and personality to criminal behaviour.¹ These findings have been coupled with research underscoring the effectiveness of treatment programming in changing criminogenic factors and reducing recidivism.² As well, research has emphasized the need to identify treatment-relevant offender characteristics, or typologies, and to match treatment with these characteristics.³

The present study was designed to evaluate the ability of a personality assessment instrument to divide offenders into treatment-relevant groups. We used the Millon Clinical Multiaxial Inventory (MCMI) – a 175-item, paper-and-pencil self-report questionnaire designed to measure psychopathology.⁴ The MCMI produces a personality profile based on 20 personality dimensions.

The study sample comprised 135 offenders who completed the MCMI within three weeks of arriving at a medium-security federal institution. The MCMI was part of a larger assessment battery which also looked at I.Q., anxiety, depression and socially desirable responding. Data on offender age, ethnic background and criminal history were also collected.

Results

Offenders in the sample averaged about 28 years old, with a range of 19 to 55 years. About 59% were Caucasian, about 38% were native, and 3% were from other ethnic backgrounds.

Four percent of the sample were serving life sentences. For the rest, the average sentence length was 3.8 years, with a range from 2 to 11 years. Despite the fact that the vast majority (83%) were serving their first federal term of incarceration, on average, offenders in our sample had been convicted of almost 22 individual offences over the course of their criminal careers, with a range from 1 to 77 offences.

Cluster analysis was used to classify offenders on the basis of their scores on the MCMI dimensions. This statistical technique, which attempts to group individuals according to shared characteristics, yielded five offender types (see table). It should be noted that these offender types or typologies were not based on observed behaviour, nor were they intended to predict behaviour.

Group 1 represented 20% of the sample and consisted of offenders who experienced significant levels of anxiety and depression. They were likely to be subservient and dependent individuals who were non-assertive and non-confrontational, and who actively avoided interpersonal conflict. As a

¹ D.A. Andrews, I. Zinger, R.D. Hoge, J. Bonta, P. Gendreau and F.T. Cullen, "Does Correctional Treatment Work? A Clinically Relevant and Psychologically Informed Meta-Analysis," *Criminology*, 28 (1990): 369-404.

² D.A. Andrews, J. Bonta and R.D. Hoge, "Classification For Effective Rehabilitation: Rediscovering Psychology," *Criminal Justice and Behavior*, 17 (1990): 19-52.

³ Ibid. See also H.M. Annis and D. Chan, "The Differential Treatment Model: Empirical Evidence From a Personality Typology of Adult Offenders," *Criminal Justice and Behavior*, 10 (1983): 159-173. And see F.B. Glaser, "The 'Average' Package of Help Versus the Matching Hypothesis: A Doggerel Dialogue," *Journal of Studies on Alcohol*, 38 (1977): 1819-1827.

⁴ T. Millon, *The Millon Clinical Multiaxial Inventory (Minneapolis, Minn.: NCS, 1983)*.

result of their submissiveness, they tended to ruminate over feelings of anger, resentment and hostility, and expressed these strong emotional reactions through indirect, or passive-aggressive, means. These offenders had the potential for serious drug and alcohol abuse.

Group 2 represented 10% of the sample and consisted of offenders who were socially withdrawn and interpersonally isolated and anxious. Low energy levels, apathy, complacency, helplessness and superficial compliance were also characteristics of these offenders, as was the potential for alcohol abuse.

Egoism and narcissism dominated the personality of offenders in Group 3, who represented about 20% of the sample. They were the youngest group of offenders, with an average age of just over 25 years. Significant anger, aggression and impulse control problems were typical for offenders in this group. Distrust, suspicion and non-compliance were also dominant features. These offenders were likely to demonstrate antisocial attitudes and values, and they were at risk for drug abuse.

Group 4 offenders, representing 24% of the sample, were manipulative smooth talkers, who were likely to seem gregarious and outgoing. However, their veneer of sociability easily gave way and they became confrontational, argumentative and aggressive when their manipulative strategies failed to pay off. In short,

The results of our analysis indicate that the personality structures of offenders differ dramatically from one another, and that it is possible to group offenders into meaningful personality typologies.

Average* MCMII Scores for Each of the Five Groups**

Subscale	Group				
	1	2	3	4	5
Schizoid-Associative	67.8	83.2	53.3	21.3	45.4
Avoidant	82.9	81.3	59.0	18.7	35.0
Dependent-Submissive	84.6	83.3	61.7	42.4	55.6
Histrionic-Gregarious	69.3	29.6	72.0	76.0	53.9
Narcissistic	65.2	40.2	81.0	86.9	61.7
Antisocial-Aggressive	59.2	45.7	76.3	76.4	52.0
Compulsive	30.1	58.8	42.8	60.9	71.2
Passive-Aggressive	90.9	66.5	67.1	34.5	23.0
Schizotypal	63.0	62.8	53.4	26.1	46.8
Borderline (Personality)	72.9	59.2	58.4	35.5	46.8
Paranoid	70.4	59.8	79.6	66.2	56.8
Anxious	89.9	75.2	63.2	31.9	57.5
Somaticizing	73.4	58.9	58.8	36.9	57.9
Hypomanic	76.6	33.2	69.9	55.4	17.0
Dysthymiac	82.6	74.1	58.1	28.0	60.4
Alcohol Abusive	85.3	79.6	68.2	60.5	45.1
Drug Abusive	89.0	63.1	84.4	78.8	50.6
Psychotic Thinking	68.0	66.0	62.4	45.9	48.4
Psychotic Depressive	67.6	61.8	51.8	38.4	41.5
Psychotic Delusional	63.7	69.1	69.1	58.2	55.8

* Means were calculated for the average.

** Noteworthy subscale scores appear in boldface.

these offenders were emotionally volatile and experienced difficulty with anger and impulse control. They were also likely to have drug problems.

The final group comprised 26% of the sample. Offenders in Group 5 lacked the high scores on individual subscales evident in the other profiles. They were the oldest group of offenders, with an average age of almost 31 years. On the surface, these offenders appeared to be the least pathological of the five groups, with no significant concerns regarding substance abuse. They were likely to be friendly, co-operative and socially appropriate. However, they also tended to be somewhat rigid and overly compliant. Indeed, results suggest that they may have been actively trying to foster an unrealistically positive impression, while, at the same time, exhibiting significant levels of denial and self-deception. As a result, this response style may have influenced the profile for this group.

Finally, none of the groups differed with respect to I.Q. or ethnic composition. Despite the fact that the groups did not differ with respect to offence type or the proportion of violent offenders, groups 2 and 4 tended to have more extensive criminal histories, and Group 1 offenders had the greatest number of offences on their present conviction.

Discussion

The results of our analysis indicate that the personality structures of offenders differ dramatically from one another, and that it is possible to group offenders into meaningful personality typologies. Moreover, we feel that our analysis has important implications for treatment.

Although the overall aim of clinical intervention applied within a correctional setting is to facilitate offenders' successful reintegration into society, choice of treatment regime may enhance the effectiveness of therapeutic efforts.

A brief analysis of the five groups reveals a number of salient issues for treatment. To begin with, the combination of personality characteristics displayed in these groups suggests that, in general, these offenders present a challenge for the practitioner. In some instances, they may be reluctant to become involved in therapy due to their avoidance orientation (e.g., Group 1), their apathy (e.g., Group 2) or their suspicion (e.g., Group 3); in other instances, they may reject clinical interpretations because they do not perceive their behaviour to be genuinely problematic (e.g., Group 3 and Group 4).

*These offenders present
a challenge for the
practitioner.*

The manipulative style of Group 4 offenders poses a unique challenge for the therapist particularly when coupled with their confrontational, aggressive and antagonistic orientation. In short, the practitioner must maintain control in therapy.

Group 1, Group 3 and Group 4 offenders experienced significant anger problems. Whereas the development of anger awareness and control may be the primary objective for offenders in groups 3 and 4, the passive-aggressive nature of the reaction of Group 1 offenders to interpersonal conflict suggests that these individuals need to develop more appropriate methods of expressing extreme emotions.

Group 1 and Group 2 offenders would benefit from more general assertiveness training as well as from treatment aimed at increasing self-efficacy and self-worth. In addition, pharmacological intervention may be warranted for some Group 1 offenders given their high levels of chronic anxiety and depression. However, this latter treatment alternative must be undertaken with caution due to the

high risk these offenders present for substance abuse and addiction.

Group 5 offenders were a somewhat unique group of individuals. In addition to being the oldest, their MCMI profile indicated that they were not psychopathological. However, it is likely that their extensive use of impression management, denial and self-deception suggests that they attempt to present themselves in the best possible light, minimizing or denying less positive personality characteristics. These findings are consistent with recent research⁵ which demonstrates that, compared with younger offenders, older offenders are more likely to use the response style of impression management when responding to personality instruments

in order to present themselves favourably. Breaking through this barrier of denial and minimization is an important goal for therapy.

In summary, our findings suggest that the MCMI, a standardized self-report instrument, yields useful information regarding the differential personality make-up of offenders.

As a final note, we feel that the high level of offending evidenced in our sample, coupled with serious psychopathology in most groups, underscores the need for effective programming and treatment interventions in correctional settings if we are to reduce recidivism among offenders. ■

⁵ D.G. Kroner and J.R. Weekes, "Response Style Measures in an Inmate Sample." Manuscript submitted for publication, 1992.

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Pathways to Desistence: How Does Criminal Activity Stop?

by R. Paul Hubert and John D. Hundleby
Department of Psychology, University of Guelph

Much attention has been paid to the young offender who repeatedly offends and continues into adult criminal behaviour. Little effort has been spent on evaluating and understanding those who do not become adult criminals, those who manage to extricate themselves from the juvenile justice system. The cessation of criminal activity has been called desistence.¹

There is little understanding of the factors that lead to desistence. The processes and factors that lead to initiation and maintenance of criminal activity are not necessarily the same as those leading to its cessation. Those individuals who do change their ways may provide insight and understanding into the nature, process, motivation, protective factors and maintenance of their turnaround. Often, these individuals are referred to as the false positives of delinquency research who, although desisting, were predicted to persist in criminal activity.

Mulvey and LaRosa comment:

...instead of regarding adolescents who do not develop antisocial behavior in later years as false positives in the prediction of maladjustment, they may fruitfully be thought of as true positives in the prediction of recovery.²

There exists a need to define those factors which are uniquely capable of predicting desistence.

This study takes a retrospective look at adults who were in trouble with the law as adolescents yet do not pursue adult criminal careers. This article provides a brief overview of the important findings of the quantitative data. (Future research will analyze the qualitative data from the study.)

Several methodological challenges confront someone wanting to study desistence and desisters. The primary challenge is getting access to individuals who were young offenders who have not pursued adult criminal careers. The federal *Freedom of Information Act* and the provincial *Privacy Act* prohibit the use of official records to contact prospective participants without consent. Clinical files do not exist in the public domain and are inaccessible for research purposes.

Research Method

Three newspapers were contacted and asked to run articles on the issue of young offenders who "went straight." In addition, various agencies were contacted and asked to pass on a letter

inviting individuals who seemed to meet our criteria to participate in the study. These agencies included the Ministry of Corrections, Probation and Parole, the Change Now Youth Centre and the Ministry of Community and Social Services Group Homes. Potential participants were asked to contact the project office. In each case, guarantees of confidentiality and anonymity were included and stressed. The subjects in this study were paid \$25, which they were unaware of before the interview.

The 20 participants were male and had been young offenders with moderate or serious criminal involvement as adolescents. Adolescence was defined as between 13 and 18 years of age. Participants were at least 18 years of age at the time of the interview and

it had been at least a year since the conclusion of probation or parole.

The extent and seriousness of criminal activity were defined by the number of convictions during adolescence. A minimum of three convictions was required for inclusion in the study.

A semistructured interview³ was conducted. The interview covered various topics including family, education, history of delinquency, problem behaviour and issues surrounding the process of desistence. The topics were chosen from a survey of the literature; they were not limited to one particular theory.

Only two participants reported that they regularly discussed things that bothered them with their fathers or did things with their fathers.

Results

The men's ages ranged from 23 to 44. Age at last conviction ranged from 14 to 32 years, with the average length of desistence being 10.25 years. The minimum length of desistence was three years. While 60% desisted by age 21, 40% were last convicted later in their adult years (20% in their late twenties or early thirties).

The majority of subjects' parents (70%) were living together when the subjects were 14 years old. Most of the families (55%) experienced alcohol-related problems, and 40% had drug problems. While only 15% of the parents had been in trouble with the

¹ G.B. Trasler, "Delinquency, Recidivism and Desistence," *British Journal of Criminology*, 19 (1979): 314-322.

² E. Mulvey and J.F. LaRosa, "Delinquency Cessation and Adolescent Development," *American Journal of Orthopsychiatry*, 56 (1986): 214.

³ Copies of the interview schedule can be obtained from Paul Hubert, Department of Psychology, University of Guelph, Guelph, Ontario N1G 2W1.

law, 40% of participants had a sibling who had been in trouble with the law.

Regarding other family issues, half of our subjects said their family gave them love and affection. Yet only two participants reported that they regularly discussed things that bothered them with their fathers or did things with their fathers. Relationships with mothers seemed to be more positive, with mothers giving help and advice regularly in 70% of the cases.

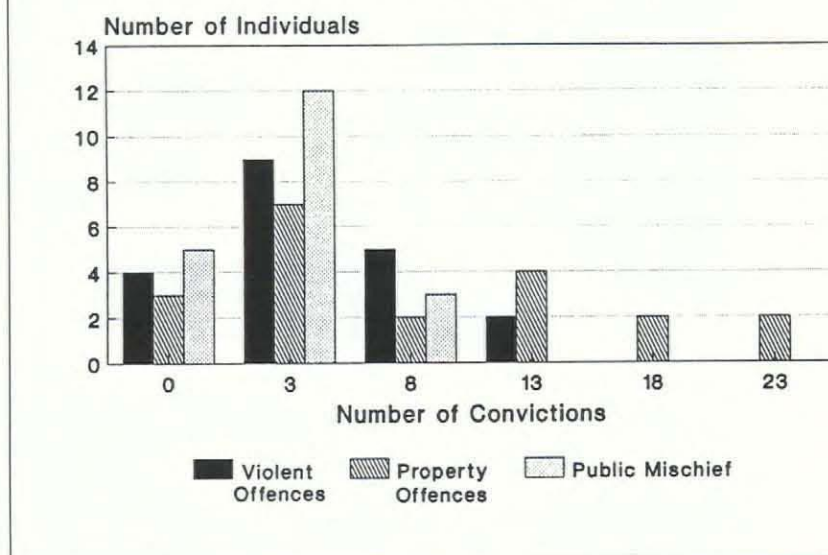
Subjects were asked to describe their use of alcohol and drugs during pre-adolescence, at age 16 and at the time of the interview. The pattern of drug use for amphetamines closely mirrored that of the use of heroin, barbiturates, tranquilizers and LSD. Collectively, this pattern represented heavy usage, particularly at the age of 16; fourteen participants had been using a broad range of drugs frequently. In contrast, there was a striking absence of drug and alcohol use at the time of the interview, with 18 subjects stating that they no longer used alcohol, marijuana or amphetamines.

In Figure 1, the frequency of offence types and convictions is represented for the adolescent years. Three subjects were not convicted of any property offences; five had no convictions for public mischief; and four had no convictions for violent offences. In total, 17 subjects were convicted of property offences, 15 of public mischief offences and 16 of violent offences.

Questions were asked that attempted to focus on the subject's sense of hope and positive outlook for the future after discharge from probation and at the present time. At the conclusion of probation, 60% were doubtful of their ability to avoid future trouble with the law. At the present time, 17 of the 20 reported having a concrete goal for the future, and of those, 15 stated that they would likely achieve their goal.

Subjects also were asked to rank, in descending order, the three influences they regarded as important in their turnaround. The rankings are presented in the table; in Figure 2, the

Figure 1
Frequency of Offences and Convictions
Between 13 and 18 Years of Age



rankings have been summarized to give a more overall measure.

Personal maturation was the greatest influence overall, followed by parents and wives or girlfriends. It is interesting to note that social workers, corrections staff and the impact of jail received low ratings as influences.

Discussion

The current investigation highlighted some preliminary findings from a retrospective study of former younger offenders.

The lack of research on those individuals who do turn around and the perceived difficulty in collecting a sample were barriers to carrying out this project. However, it has proven feasible to collect data from former young offenders. Many subjects in this study volunteered so that their experiences might help others. For the majority, it was the first time they had told their story in detail to anyone.

The age of desistance varied. The majority were last convicted on or before their 21st year. However for some, desistance occurred later in their twenties or in their early thirties. It seems that there is a developmental process to desistance which does not

Important Influences on Desistence

Ranked as Most Important

Girlfriend or wife	35%
Growing up, becoming more mature	25%
Parents	10%
Social worker or person in corrections	10%
Other	20%

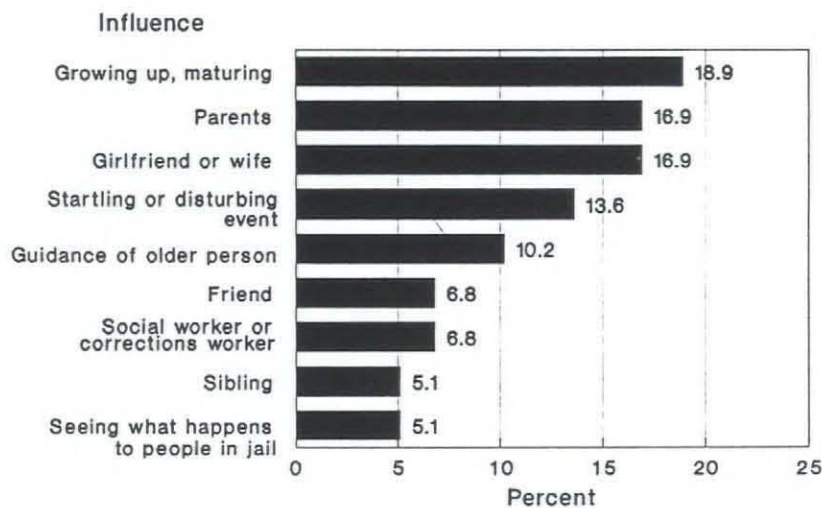
Ranked as Second Most Important

Parents	30%
Growing up, becoming more mature	20%
Girlfriend or wife	15%
Startling or disturbing event	15%
Other	20%

Ranked as Third Most Important

Startling or disturbing event	25%
Older person who guided, advised	20%
Seeing what jail did to people	15%
Parents	10%
Friend	10%
Growing up, becoming more mature	10%
Other	10%

Figure 2
Summary of Important Influences
on Desistence



According to these desisters, increased maturity and the influence of another individual are important to the desistence process.

necessarily coincide with chronological age limits imposed by legislation. It is clear that criminal activity in the early adult years does not necessarily lead to an adult criminal career.

In most cases, the subjects were heavy users of drugs and alcohol during adolescence. As with their delinquent activity, their turnaround and the process of desistence were connected with the process of gaining control over drug involvement. Their criminal involvement served to finance their drug habit and related activities. The almost complete lack of use of drugs and alcohol as adults

suggests a dramatic change in lifestyle.

While most subjects had intact families at the age of 14, these families were not devoid of problems – 55% had alcohol-related problems.

The affection and support given to the individual were at least as important as the family's situation, yet only 2 of the 20 men reported spending time or talking with their father. While mothers fared better than fathers, the daily relating patterns between the subjects and their families were poor. There did not appear to be a high degree of attachment among family members. Given the degree of criminality shown by the subjects as adolescents, this is not surprising.⁴

It is interesting to note that parents are high on the list of important influences on desistence, although often an indirect influence. The desire to prove oneself or make good as an adult seemed to persist in spite of the many problems that these men inevitably had to face. Perhaps many of these parents never withdrew their support.

The men reported that their personal growth and maturity were important influences in their decision to desist from criminal activity. The difficulty of desisting was highlighted by their low estimates following probation of the likelihood of avoiding trouble with the law. Yet they came to develop long-term goals and a positive outlook.

It seems that other individuals played a large part in affirming the process of desistence. Most notably girlfriends or wives seemed to have an important role to play. This role might, however, have been filled by a friend.

Of note is the low level of influence accorded to corrections workers, social workers and parole officers. The subjects who did mention staff indicated that they went beyond their traditional job description and offered friendship and guidance.

According to these desisters, increased maturity and the influence of another individual are important to the desistence process. As with many social problems, we are left with a causal dilemma. Does maturity emerge from the influence of another or vice versa? Or, are these both symptoms of some third process? The varying age at which desistence seems to have occurred raises other questions. To what extent are there individual differences in susceptibility to intervention?

In conclusion, the study highlights a diversity of pathways which lead to desistence. This diversity indicates the necessity for a receiver-oriented paradigm for service providers and policy makers. Fixed therapeutic programs for all individuals and all ages appear not to be the answer. ■

⁴ M. LeBlanc and M. Fréchette, *Male Criminal Activity from Childhood through Youth: Multilevel and Developmental Perspectives* (New York: Springer-Verlag, 1989).

The Life Expectancy of Correctional Service of Canada Employees¹

by Daniel J.K. Beavon
Evaluation Branch, Correctional Service of Canada
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Department of Sociology, University of Western Ontario

The Evaluation Branch of the Correctional Service of Canada recently initiated a study of the life expectancy of correctional officers (CXs) to investigate whether there is an occupational risk associated with being a correctional officer. This study compared the life expectancy of Correctional Service of Canada employees, with a particular focus on CXs, with that of the rest of the federal public service.

Research Design

The life expectancy, or mortality patterns, of correctional officers was analyzed through a statistical technique known as survival analysis, or more specifically, proportional hazards models. Survival analysis is a statistical technique used to evaluate the interval between two events, such as birth and death (life expectancy).

Traditional statistical techniques, such as calculating the average time between two events, cannot be used because there are too many complicating factors. For instance, the event of interest, in this case death, may not occur for all people during the period in which they are observed, and the actual period of observation may not be the same for all people. That is, not everyone retires or dies on the same day, and not everyone is born or starts working on the same day.

Data for this study were obtained from a computerized superannuation data base maintained by the Department of Supply and Services. Through this administrative system, contact is maintained with clients to make financial payments – pension benefits (i.e., annuities and annual allowances). The data for the current study consist of all federal public servants (except the Royal Canadian Mounted Police and the Canadian Armed Forces)

who have, since 1974:

- retired from the federal public service (in which case they receive either a deferred or an immediate annuity);
- died while in service; or
- gone on long-term disability.

In all, the superannuation data file that we obtained consisted of records for 148,850 individuals – 3,851 had retired from the Correctional Service of Canada and of those 1,422 were classified as CXs. Due to the disproportionate gender distribution within the organization, particularly in the past, only male retirees were considered in this study.

Survival Analysis

To appreciate the relative survival pattern of CX retirees, it was necessary to compare them with retirees of other federal public service classifications. The most logical initial comparison groups were other retirees from the Correctional Service of Canada in the non-CX classifications and all other retired federal public servants, regardless of their department or classification.

First, we estimated the survival distribution for these three groups. As

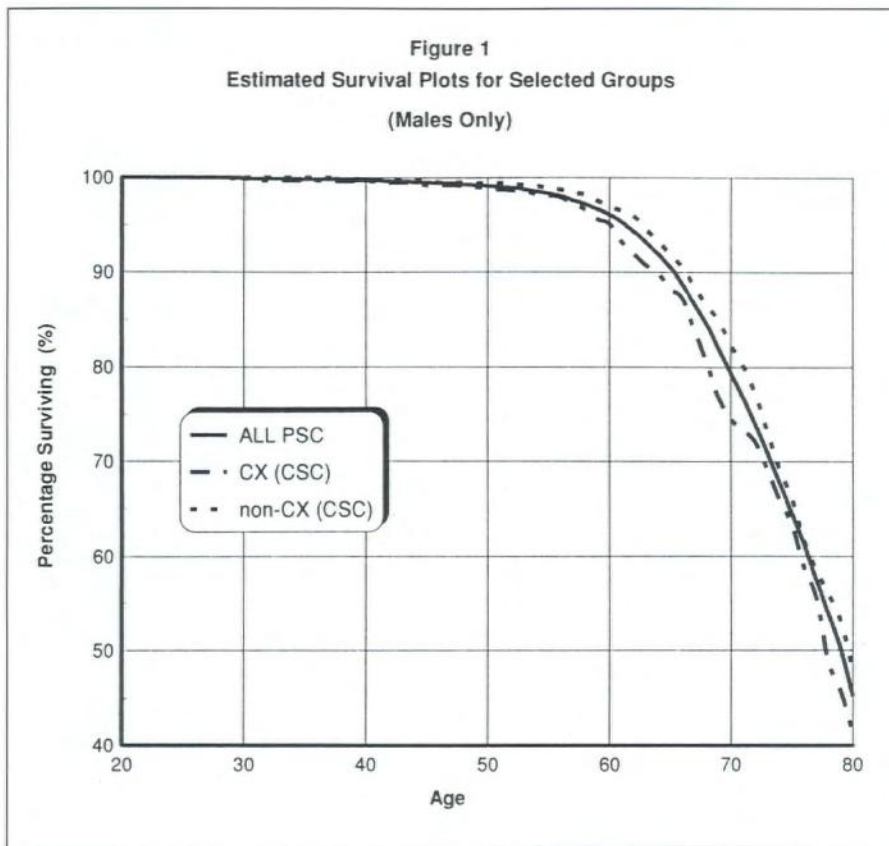
we can see in Figure 1, the survival curve for the CX group was slightly steeper than that for all federal public service retirees. This indicates that the average (median) survival time for the CX group was slightly lower than that of the latter group. The survival curve for non-CX retirees from the Correctional Service was less steep than that of the group comprising all other federal public servants. This suggests that the average life expectancy for the non-CX group of retirees from the Correctional Service of Canada was slightly higher. Thus, it would appear that retirees from the Correctional Service of Canada fell into two groups – one near the lower bound of the expected range for all federal public servants, and one close to the upper bound for all federal public servants.

In the overall Canadian population, males at age 35 can expect to live another 40 years, on average, to the age of 75.21.

Another way of viewing the survival patterns of these three groups is presented in Figure 2. This graph provides a broader context for interpreting the life expectancies of these groups by contrasting them with those for all Canadian males (specifically for males at birth, age 20 and age 35) based on the 1986 Census of Canada.

A comparison of the life expectancy between retired correctional officers and the general population showed that, overall, male correctional officers can expect to live somewhat longer than the average Canadian male. For correctional officers, their average age was approximately

¹ A considerably more detailed version of this article is available from the Evaluation Branch of the Correctional Service of Canada, 340 Laurier Avenue West, 4th Floor, Section E, Ottawa, Ontario K1A 0P9.



36 years when they joined the Correctional Service of Canada. This may seem somewhat high, but many officers hired in the past were starting second careers – having served in, or retired from, the armed forces. As a consequence, the most appropriate comparison group for male CXs

was that of Canadian males at age 35. In the overall Canadian population, males at age 35 can expect to live another 40 years, on average, to the age of 75.21.

Thus, as shown in Figure 2, correctional officers had a life expectancy several years longer than the average

Canadian male. When compared with both non-CXs and other federal public service personnel, the life expectancy of correctional officers appeared to be about one year shorter. The subsequent discussion, however, indicates that these two differences are not statistically significant.

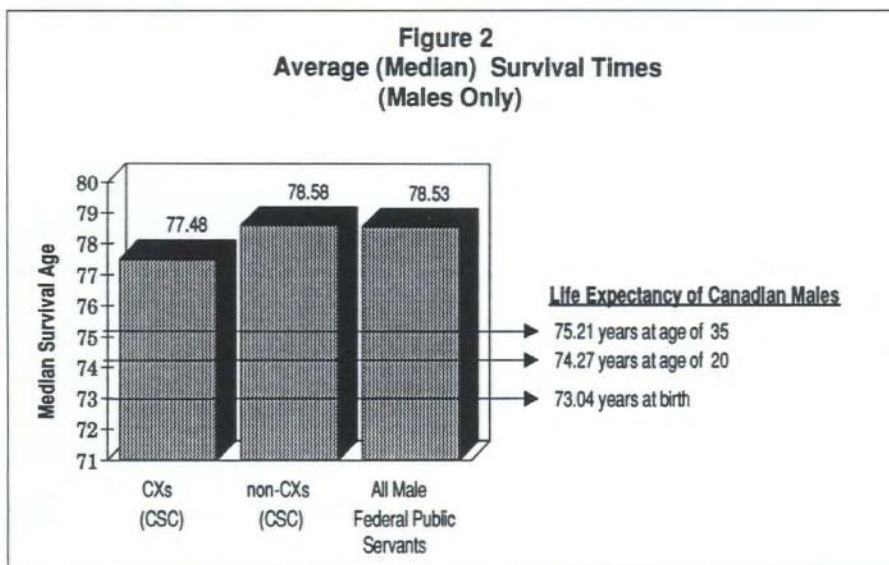
Statistical Comparisons

To compare statistically the life expectancy of CXs with the other two groups, we used the Cox proportional hazards model. The first model compared former CXs with non-CX retirees from the Correctional Service of Canada, and the second model compared former CX employees with all other retirees from the public service.

In developing these statistical models, it was necessary to control for several extraneous factors (independent variables). We statistically controlled for the following factors: employment starting age, length of service, reason for retirement (e.g., age, resignation, health, death) and social class (as measured by income level). We controlled for these factors for the following reasons.

First, since the age at which federal public servants start working for the federal government varies considerably, it is necessary to control for that factor in any comprehensive analysis. Widely varying starting ages can introduce a significant bias in survival estimates if they are not controlled. All else being equal, people with later starting ages will have somewhat longer average life expectancies than younger people, since they have already survived all competing risks faced by individuals in younger age groups.

Second, it was necessary to control for length of service (the difference between an individual's starting and retirement age). Considerable variation exists in the retirement age of federal public servants; thus, it was possible to include length of service as an independent factor and to estimate its impact on life expectancy. We were fortunate to be able to



There is no occupational risk associated with being a correctional officer in terms of reducing one's life expectancy.

control for length of service since it could then be used to test the major hypothesis as to whether people's jobs or careers affect their life expectancy in some way (e.g., working conditions or lifestyle). One would normally expect length of service to be positively related to life expectancy (as one increases, so does the other), even when controlling for starting age. If length of service has a negative relationship with the survival function, one could assume that the job is somehow responsible for shortening life expectancy. In this latter situation, those with more service, all else being equal, would have shorter expected life spans.

Third, we would naturally expect the reason for retirement to be related to life expectancy. In particular, we would expect that those who died in service would have the shortest survival distribution. Similarly, we would also expect that those who retired because of health problems might also have shorter life expectancies than either voluntary resignations or those who retired due to age.

Fourth, previous research on mortality has shown a strong relationship between life expectancy and social class. Since one of the strongest indicators of social class in North America is income, we expected that individuals with higher income levels would have a higher life expectancy than individuals with lower income levels.

Findings of Statistical Comparisons

The results from the two survival models demonstrate that the starting age, length of service and level of income are all statistically significant

and positively related to the survival function. This means, for example, that those with higher incomes can expect to live longer than those with lower incomes. The remaining variable, reason for retirement, is also statistically significant but negatively related to the survival function. Thus, for example, as we expected, those who died before retirement or retired due to health-related reasons had shorter life expectancies.

The statistical comparisons of most interest, however, are the ones which distinguish the correctional officer (CX) retirees from the other two groups. The first model compared CXs with non-CXs from the Correctional Service of Canada. As we saw in Figure 2, CXs had a slightly lower life expectancy than non-CXs. However, once we controlled for the independent variables discussed previously, no statistical difference was found between the two groups. This means that CXs and non-CXs basically have the same life expectancy. It also means that the slight difference in life expectancy between the two groups was related to the independent variables we controlled for and not to occupational risk itself.

The second model compared CXs with all other former federal public service personnel. As with the first model, there was no statistically significant difference between the two groups.

Conclusion

This study demonstrates that there is no occupational risk associated with being a correctional officer in terms of reducing one's life expectancy. Both CXs and non-CXs can expect to live as long as any other federal public servant. More important, Correctional Service of Canada employees can expect to live several years longer than the average Canadian. ■

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How Forensic Mental Health Staff Cope: Results of a Preliminary Study

by David Nussbaum

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Individuals working with correctional inmates on a daily basis experience high levels of job-related stress leading to burnout.¹ Stress levels among correctional staff are associated with the unpredictability of clientele, concerns for safety, the nature of the individuals they are obliged to manage, as well as co-workers and the often limited scope of their duties and working environment. These factors often lead to perceptions of being exploited, which precipitate feelings of anger and burnout.²

While individuals working in forensic mental health units frequently have a broader range of duties, this advantage carries along with it the potential for additional stress resulting from role ambiguity.³

Specifically, patients carry the ambiguous status of being "mad and/or bad." Pending the outcome of their assessment, they may be seen as chronically mentally disordered and hardly responsible for their actions; moderately impaired and partially responsible for their actions; or basically intact with some personality problems and entirely responsible for the crimes they have committed.

In response to the ambiguous status of the patient, the role of the forensic mental health worker recurrently shifts. Patients who are perceived as being ill elicit a "care giver" response from forensic staff, while those perceived as not being mentally ill invoke a more custodial and judgmental response. Forensic staff, being human, also bring certain attitudes and experiences to the work situation which may affect how they deal with patients. Such factors as patients' socio-economic status, level of intelligence, education and sophistication, mental health background, racial and religious origin and the type of crime they are charged with may affect how staff deal with their clients.

This study explored the ways in which staff at a large, urban forensic unit coped with the ongoing, conflicting demands on their professional and

private selves. As this effort is the first in what is hoped to be a series of studies of staff reactions to work stress, the results should be viewed as preliminary and as a guide for future, more comprehensive analysis.

Study Method

Staff from five professional areas (psychiatrists and psychiatric assistants, psychologists and students in

The primary role assumed by most staff was that of helper, regardless of the situation.

psychology, nurses, social workers and correctional officers) were asked to complete a questionnaire.⁴ The questionnaire asked respondents to list the two coping techniques they used most frequently to deal with four basic situations with patients: mentally ill patients toward whom they are sympathetic, but for whom they see little realistic hope for improvement; personality-disordered patients whom they dislike, but who have a realistic chance of early release because of a limited criminal history; a seemingly intact patient who has committed a particularly heinous crime (such as murdering a child or infant) out of character with the individual's life history; and, last, a violent encounter with a patient requiring forced placement in a safety room.

In addition, respondents were asked to rate how stressful they found their jobs, how long they had worked at the forensic unit, how much personal satisfaction they derived from their work and their gender, age and professional group.

Results

Results relating to staff's perceived role and coping strategies for each of the four scenarios described above were examined separately. The raw data were also initially broken down

¹ L. Gerstein, C.G. Topp and G. Correll, "The Role of the Environment and Person When Predicting Burnout Among Correctional Personnel," *Criminal Justice and Behavior*, 14, 3 (1987): 352-369.

² J.A. Farmer, "Relationship Between Job Burnout and Perceived Inmate Exploitation of Juvenile Correction Workers," *International Journal of Offender Therapy and Comparative Criminology*, 32, 1 (1988): 67-73.

³ Gerstein, Topp and Correll, "The Role of the Environment and Person When Predicting Burnout Among Correctional Personnel."

⁴ A copy of the questionnaire is available from the authors at the Clarke Institute of Psychiatry in Toronto, Ontario.

Table 1
Distribution of Perceived Roles by Situation

	Helping	Assessment	Custodial	Empathetic	Agent of the Judiciary
Mentally Ill Patient	66.7% (12)*	22.2% (4)	5.6% (1)	0	5.6% (1)
Personality-Disordered Patient	66.7% (12)	11.1% (2)	22.2% (4)	0	0
Intact Patient Charged with Heinous Crime	66.7% (12)	22.2% (4)	5.6% (1)	5.6% (1)	0
Violent Patient	52.9% (9)	0	47.1% (8)	0	0

*Figures in parentheses correspond to the number of respondents.

by professional group, but due to the small numbers in each group, the results were grouped together.

The sample consisted of 18 staff members: 2 correctional officers, 3 registered nurses, 3 psychiatrists, 4 psychiatric assistants, 2 psychologists and 2 psychology students, 1 recreational staff member and 2 social workers.

Role Results

Five types of roles clearly emerged from the participants' written responses. They were helping, assessment, custodial, empathetic and agent of the judiciary. The distribution of these assumed roles is summarized in Table 1.

According to Table 1, it is clear that the primary role assumed by most staff was that of helper, regardless of

the situation. The second most frequently assumed role, however, fluctuated with the situation. With violent patients, the only other role chosen was the custodial role. With both mentally ill patients and individuals charged with a heinous offence, the role of assessor was assumed by about one fifth of staff – about twice as many as in the case of personality-disordered patients. With these patients, twice as many staff saw their role as custodial than as assessor. Only one staff member assumed the empathetic role, and only in the scenario of the otherwise solid citizen charged with an uncharacteristic, heinous offence. It is interesting that this staff member came from the nursing group. No other staff member saw empathy as

an appropriate role in any situation. One psychiatrist assumed the role of agent of the judiciary in the scenario of the mentally ill patient. Psychologists were more prone to see themselves in the role of assessor than in any other role.

Coping Results

Answers to the questions about how staff cope revealed six different coping styles. These were distancing, intellectualization, reliance on collegial support, resignation (i.e., acceptance of the permanence of the problem), authoritarian stance, and sublimation (i.e., seeing good in one's work or patients). The distribution of these coping styles in response to the four patient situations is given in Table 2.

Table 2
Distribution of Coping Types by Situation

	Distancing	Intellectualization	Collegial Support	Resignation	Authoritarian	Sublimation
Mentally Ill Patient	50% (9)*	17% (3)	6% (1)	17% (3)	0	11% (2)
Personality-Disordered Patient	50% (9)	22% (4)	6% (1)	11% (2)	6% (1)	0
Intact Patient Charged with Heinous Crime	39% (7)	56% (10)	6% (1)	0	0	0
Violent Patient	24% (4)	53% (9)	24% (4)	0	0	0

*Figures in parentheses correspond to the number of respondents.

In contrast to the assumed roles selection, staff showed more variety in how they coped with these different basic scenarios.

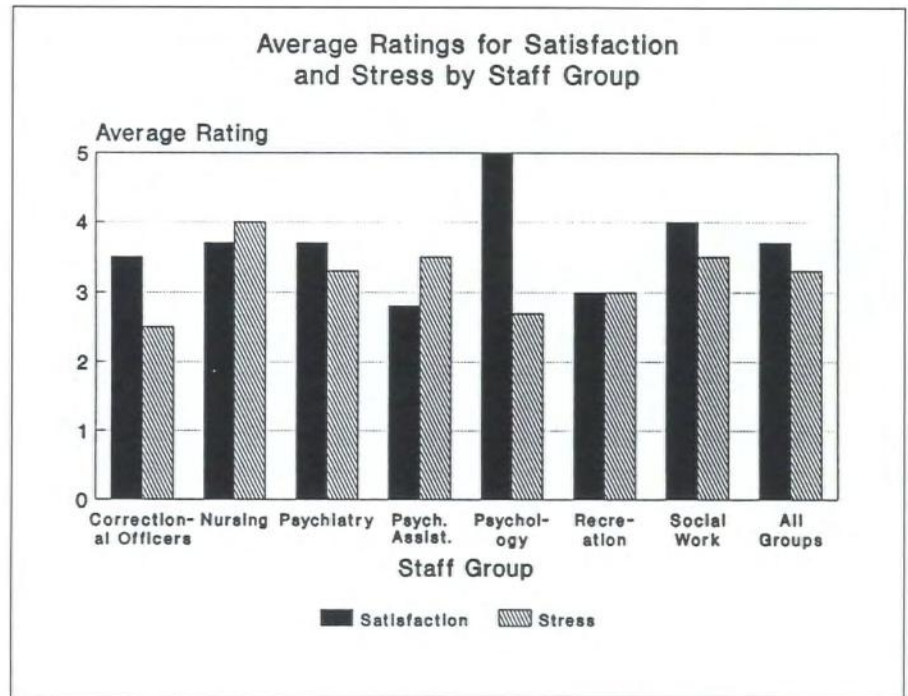
In contrast to the assumed roles selection, staff showed more variety in how they coped with these different basic scenarios. In the case of mentally ill and personality-disordered patients, the preferred coping style was distancing. In the case of the intact individual charged with a single uncharacteristic, heinous crime, intellectualization was the most frequently employed coping device. As one psychologist responded,

I look at the person who has basically been a good citizen, provider, spouse and parent for 30 or 40 years. Then, under stress, in a five-minute period, the individual does something terrible, but atypical. On the basis of what am I going to judge the person – 30 years of basic decency or five minutes of frustrated evil?

In the case of dealing with a violent patient, the majority of staff responded with intellectualization.

Stress and Satisfaction Results

The figure shows the levels of stress and satisfaction among the various groups of staff. Most groups experienced approximately equivalent levels of job stress and job satisfaction. There were two exceptions to this trend: psychology staff experienced lower stress levels and higher satisfaction levels, and psychiatric assistants had marginally lower satisfaction levels. The latter finding may be related to the assistants' sense of remoteness from decision-making processes.



It has been noted previously that people who choose to work daily with the mentally ill, criminal element of society represent a special segment of the population.

Discussion

This study represented an initial attempt to examine issues that are central to involved, competent and efficient management of a forensic custodial unit. Unfortunately, the size of the study sample in this one forensic unit was not large enough to justify generalizations. However, the results suggest directions for future work that should involve a multicentre design. Such a design would allow for comparison among different types of staff at various types of institutions (i.e., forensic versus detention centre versus prison). A larger study could also look

at relationships among various coping styles, job stress and satisfaction. More effective coping styles could be encouraged to help alleviate stress for the betterment of management, staff and inmates or patients alike.

A final note concerns the type of individual who works in the various settings. It has been noted previously⁵ that people who choose to work daily with the mentally ill, criminal element of society represent a special segment of the population. The data presented here suggest that at least part of their make-up includes taking on a helping role, even when they do not empathize with their clients. It may be their ability to distance themselves and their commitment to help others that mark the forensic mental health staff. ■

⁵ E. Turner, personal communication, 1987.

The Prison Survey: A Customer View of Scottish Prisons

by Ed Wozniak and David McAllister
Central Research Unit, Scottish Office

The Prison Survey was designed and conducted to discover how staff and prisoners feel about the Scottish Prison Service. It was also conducted to assess standards, to measure the atmosphere and relationships in prison and to discover how staff and prisoners want the Scottish Prison Service to develop in the future. All staff and prisoners in all Scottish prisons were asked to participate in the survey.

The survey was undertaken to inform a wider program of change in the Scottish Prison Service, which is aimed at improving standards and the quality of service. The results, which are contained in this article, have already been fed into the management plans of each Scottish prison. Similar surveys planned for the future will monitor the progress made in implementing change and will permit adjustment and realignment where necessary.

The Staff Survey: Findings

Facilities and Conditions

At a very basic level, prison staff expressed considerable dissatisfaction with the conditions in which they were asked to work, and with the facilities which were provided.

More than two thirds (70%) of respondents expressed strong negative views about the lack of space and privacy provided in prisons to allow them to do their job (e.g., writing reports on prisoners' progress and conducting staff appraisal interviews). Similar numbers expressed negative views about change rooms for staff (70%), eating facilities at the prison (66%) and showering facilities (66%). Just over one third (39%) felt that the standards of cleanliness in the prison were poor and that the overall state of repair of the prison estate was poor. Almost one quarter expressed dissatisfaction with the quantity of food provided for prisoners.

Aspects of the Prison Officer's Job The Work

The vast majority (81%) of officers enjoyed their job, and 43% enjoyed the security that the job guaranteed. However, only 54% felt that "Fresh Start" (a package of recently

introduced job-related changes) had improved their job.

Almost half the uniformed staff felt that senior staff had little grasp of what went on in the prison. Forty-four percent felt that any suggestions they might make about the running of the prison would not be listened to by senior managers, further emphasizing the gulf between senior management and uniformed officers. This seemed to be part of a general discontent with communication arrangements in the Scottish Prison Service, particularly between headquarters and individual prisons.

Despite the many recently introduced developments in the Scottish Prison Service designed to allow for more interaction between staff and prisoners, just over half the staff (57%) said that prison officers were not equipped to handle prisoners' personal problems. However, staff responses to other questions in the survey indicated that they did want to deal with this area of work in the future. Before assuming such a role, they felt the need to be given adequate time and training for the task.

Family Life

An important part of any stressful job is the effect it has on personal

relationships and particularly on one's family. When asked how they imagined their family felt about their job, the major concern of staff was the problem of compulsory transfer. Although they clearly recognized that when they joined the Service they had signed on as a mobile grade, liable to transfer anywhere in Scotland, in practice only 43% said that they would move willingly if transferred. The problems were obviously more acute for married staff as they expressed greater concern than single staff.

More than half the respondents who had moved (45% of respondents had moved at least once during their career) had experienced severe problems – either emotional, personal or financial – as a result of the move.

Current and Future Initiatives in the Scottish Prison Service

Staff were broadly in favour of extending current initiatives and introducing many of the ones being discussed in Scottish Prison Service documents such as "Opportunity and Responsibility (1990)." They particularly wanted to see the introduction of integral sanitation for all prisoners (96%); the introduction of the national sentencing scheme for prisoners which is to be introduced shortly (92%); an extension of the personal officer scheme (79%); family visits for prisoners (74%); and increased home visits (63%).

It is encouraging that two thirds were in favour of introducing a prisoners' ombudsman, but by contrast, only 17% of staff wanted to see a system of legal representation for prisoners at grievance procedures.

Just over half (58%) wanted to see the introduction of electrical power sockets in cells. Those against it feared for their personal safety from possible electrocution, worried about the cost to prisoners' families of purchasing televisions or felt that it would lead to prisoners spending too much time "behind their door" and would detract from their participation in other programs intended for their personal development.

Relationships in Prison

A major aspect of the survey was to assess the quality of relationships in prison. Overall, staff felt that relationships were good between themselves and prisoners (92%) and among officers (95%). By comparison, there was greater concern about relationships with governors (wardens), although this was relative – three quarters described the relationship as good.

About three quarters also felt that relationships with specialists – psychiatrists, psychologists and social workers – working in the prison setting were good. Eighty-eight percent thought relationships with the medical officers were also good.

Concern for Physical Safety

Working in a prison environment presents many threats to an individual's personal and physical safety, and this is reflected in the survey results. Sixty percent of staff stated that they had worried at some point about their physical safety at work, and almost half reported that they had been assaulted at some time during their career.

Fifty-nine percent had worried at some time about contracting Hepatitis B or HIV at work.

Atmosphere

By any account, the Scottish Prison Service experienced an unprecedented amount of prisoner unrest in the mid to late 1980s. An important part of the survey was to determine the atmosphere of prisons at the time. Less than 10% of staff felt that there was tension in the prison.

Response to Prison Where Staff is Currently Working and to the Scottish Prison Service

Staff were asked a series of questions about their local management and headquarters management. The single most important observation made by staff about the way the Scottish Prison Service was run as a whole was the poor standard of communication at virtually all levels.

Staff generally agreed with those initiatives being introduced (sentence planning, home leave, etc.) but felt they should be kept better informed and, where appropriate, consulted. Only 8% of staff agreed with the statement that everyone in the Scottish Prison Service was clear about where the Service was going in the next five years. Furthermore, only 17% felt that, as an organization, the Scottish Prison Service was good at communicating its new ideas to staff.

On a more positive note, 41% felt that the Scottish Prison Service placed a high value on staff participation. Forty-five percent agreed that the Scottish Prison Service placed a great deal of emphasis on staff development and training, while just over half agreed that the Service was constantly committed to improving its performance. Despite these latter findings, most staff (80%) felt that there was a lot of criticism among staff about the way the Service was run, and more than one third agreed that conflict between staff and management was high.

Changes

Staff were asked two questions about change. They were first asked what changes they would like to see in the prison where they work, and second, what changes they would like to see in the Scottish Prison Service. With respect to change in the prison where they work, the most frequent suggestion was for the introduction of integral sanitation. This was followed, but with less overall support, by suggestions for tightening regimes for prisoners and altering the management structure of the prison to reduce the number of levels of governors.

As far as changes to the Scottish Prison Service were concerned, staff wanted to see higher wages, better promotion prospects and the hiring of more staff. Large numbers of staff wanted an end to compulsory transfers, better communication between the Prison Service headquarters and prisons, and a reduction in the number of levels of governors. Staff also wanted to see changes in the prison estate with

a move toward the introduction of smaller prisons and more semi-open and open prisons in the system.

The Prisoner Survey: Findings

The recurring and dominant theme emerging from prisoners' responses was the request for closer and improved access to family. This request took various forms among different groups of prisoners. A large number, mainly longer-term prisoners, suggested changes concerning family or conjugal visits, though there was also a demand for more home leave and weekend leave, again principally among longer-term prisoners. However, most prisoners thought that, realistically, improvements concerning family or conjugal visits were goals for the future. For the present, they felt that the current visiting facilities and arrangements were bad. Uppermost in their concerns for improvement were facilities for visiting children – three quarters saw these as poor.

Given the geographical remoteness of many Scottish prisons and the difficulty of access, it was not surprising that the length of visits was also criticized. Two thirds expressed dissatisfaction with the arrangements. Finally, privacy during visits was severely criticized, with 78% expressing dissatisfaction.

Relationships and Atmosphere

As mentioned, the Scottish Prison Service experienced unprecedented prisoner unrest during much of the late 1980s with a series of rooftop demonstrations by violent prisoners and several hostage-taking incidents. Against such a background, a central part of the survey was directed at measuring the general atmosphere and quality of relationships in the prison.

The majority of prisoners (82%) felt they had a good relationship with uniform staff; 12% described it as very good. A smaller number (73%), similar to the staff figure, felt that the relationship with levels of governors was reasonable. The percentage of prisoners who felt they had a

reasonable relationship with fellow prisoners was 95%.

While less than 20% of prisoners felt that they did not get on well with officers, more than one quarter felt that they did not get on well with governors.

Forty-one percent of prisoners thought that it was a good idea for prison officers and prisoners to have more contact with each other about personal problems. Since staff understand the prison environment, any problem was likely to be solved more quickly. The primary reasons for not wanting more contact were poor relationships, lack of trust and not wanting to divulge personal details for fear that they would be more widely broadcast.

Physical Safety

The often-made statement that prison is essentially an unsafe environment was in part supported by the survey results. Almost 20% of prisoners worried about being assaulted by a staff member, and 20% worried about the prospect of being assaulted by another prisoner. When asked if they had ever been assaulted during their present sentence, 15% said they had been assaulted by a staff member (although this includes incidents of control and restraint), 13% by another prisoner and a further 6% by a group of prisoners.

Standards

While the majority of prisoners were content with the general standards of cleanliness in the prison, more than one third complained about the lack of cleanliness of the prisons.

Almost half the respondents (47%) thought the food was served badly; 62% felt the choice of menu was poor; and 64% were critical about the quality of the food itself.

Services

Overall, relationships with the specialists (psychologists, social workers and education officers) were seen as good (less than 20% expressed negative views). However, more than one third

said that they did not get along with medical officers.

Relationships aside, the standard of care provided by the specialists in the prison was seen by prisoners as variable. Of particular concern was the level of dissatisfaction with medical (57%) and psychological (54%) care. The majority of prisoners were content with the standard of both social work and dental care, but almost one third felt that social work care and advice was bad, and 35% felt that the dental care was bad. However, prisoners were more satisfied with the standard of education in the prison, with 27% describing it as either fairly good or very good and a further 43% as all right.

Changes

Prisoners, like staff, were asked to identify what changes they would like to see introduced in the prison where they were held and into the Scottish Prison Service. For both, the principal change that prisoners wished to see was quite clear – better access to families. Specifically, prisoners wanted better visiting arrangements in the prisons – longer, more frequent and more private visits – and some felt that consideration should be given to the introduction of family or conjugal visits in prison and the extension of home leave schemes.

Conclusions

There were some unexpected findings, given the prisoner unrest in Scottish prisons of the mid to late 1980s, that emerged from the survey. On the whole, staff and prisoners rated relationships positively.

Staff want to see initiatives currently in preparation or under discussion implemented, and major initiatives such as home leave are supported by staff as well as prisoners.

Prisoners want the levels of contact with family improved. Physical improvements such as integral sanitation are on the prisoners' agenda, but it is not, by a considerable margin, the priority.

However, the news from the survey is not all good – there are obvious pockets of concern. There are prisons where relations are not good and where visiting arrangements are strongly criticized. There are prisons where food delivery, food quality and variety of menu (each important concerns to the majority of the prisoner population) bother staff and prisoners alike, and are clearly in need of overhaul. Basic items such as clothing and footwear are seen as poor by staff as well as prisoners. Some of these areas may seem trivial and mundane when compared with the prisoners' loss of freedom, but for many prisoners the true acid test of change in the Scottish Prison Service will be measured by improvements in areas such as food and laundry and not in the implementation of major policy schemes.

The fact that the Scottish Prison Service commissioned research such as the Prison Survey is, we feel, a measure of its commitment to creating change and developing a quality organization. This survey has provided a comprehensive and candid view of the task facing the Scottish Prison Service. However, without this information, the task of determining the direction in which the Service should be developed would be difficult, if not impossible.

The Prison Survey is no more than a "snapshot" in time – relationships, atmosphere and standards change with time, and sometimes change very quickly. The survey answers some questions, but it also raises more questions that need answers. We have tried through subsequent, smaller-scale pieces of work to answer some of these questions, but we recognize that many other areas need to be explored and, for particular groups of staff and prisoners, we need to develop a more sophisticated means of tapping into their needs and experiences. The survey has been valuable to the planning process, and follow-up surveys will provide some measure of the success of the change process. ■

The Issue of Suicide in Canadian Federal Penitentiaries¹

by G. Neil Conacher

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It is the nature of prisons that they contain individuals who have not conformed to the codes of normal social behaviour. For many, breaking the law is only part of a larger picture of failing to establish stable social relationships. If these individuals were able to form the kind of support networks that we take for granted, many would not be in prison at all. They are a high-risk population for suicide and a difficult population to work with in preventing suicide.

Research on the Prediction of Prison Suicide

...the suicidal prisoner presents
...few characteristics which
would assist the process of
identification.²

Research on suicide prediction outside prisons generally presents its findings in terms of risk factors for suicide. It is assumed that the more risk factors a person possesses, the more likely the person is to commit suicide. A number of points should be stressed. First, the assumption that risk factors "add up" in this way has been questioned.³ The presence of a risk factor is not itself a cause of suicide. Real difficulties are

encountered in trying to explain why anyone committed suicide, and even greater difficulties are encountered in trying to predict who is likely to commit suicide tomorrow.

In prisons, this problem of prediction is much worse. Many inmates possess enough risk factors to be automatically defined as high risks by community standards, even before the particular stresses of prison life are included.

Studies on prison suicide tend to follow a stereotyped format. The relatively high risk of suicide in prison systems is stressed (incidence may be said to be rising,⁴ but these figures are subject to challenge⁵). Findings

include:

- The initial phase of imprisonment is the most vulnerable time (but "some suicides occurred many years after reception into prison"⁶).
- Prisoners on remand are the highest risk group.⁷
- A high proportion of violent and sex offenders and lifers are among those who commit suicide.⁸
- A history of psychiatric problems is common.⁹
- The most common method by far is invariably hanging,¹⁰ followed by slashing and overdose.

Suicide was not more common among prisoners in certain age ranges, and it was not significantly related to offence type or sentence length.

The main findings of much recent research are practically identical to those in an 1880 medical inspector's report to the Board of Prison Commissioners in England and Wales (see Table 1).¹¹

¹ A complete version of this article may be obtained from the author, G. Neil Conacher, Director, Psychiatric Services, Regional Treatment Centre, Kingston Penitentiary, Kingston, Ontario K7L 4V7.

² S. A. Backett, "Suicide in Scottish Prisons," *British Journal of Psychiatry*, 151 (1987): 218-221, p. 221.

³ S. Levey, "Suicide," in R. Bluglass and P. Bowden (Eds.), *Principles and Practice of Forensic Psychiatry* (Edinburgh: Churchill Livingstone, 1990).

⁴ E. Dooley, "Prison Suicide in England and Wales, 1972-87," *British Journal of Psychiatry*, 156 (1990): 40-45.

⁵ A. House, "Prison Suicides," *British Journal of Psychiatry*, 156 (1990): 586-587.

⁶ Dooley, "Prison Suicide in England and Wales, 1972-87," p. 40.

⁷ Backett, "Suicide in Scottish Prisons." See also Dooley, "Prison Suicide in England and Wales, 1972-87." And see W. Hurley, "Suicides by Prisoners," *Medical Journal of Australia*, 151 (1989): 188-189.

⁸ Dooley, "Prison Suicide in England and Wales, 1972-87." See also Hurley, "Suicides by Prisoners." And see M.E. Salive, G.S. Smith and T.F. Brewer, "Suicide Mortality in the Maryland State Prison System, 1979 Through 1987," *Journal of the American Medical Association*, 262 (1989): 365-369.

⁹ Backett, "Suicide in Scottish Prisons." See also Dooley, "Prison Suicide in England and Wales, 1972-87." See also Hurley, "Suicides by Prisoners." And see Salive, Smith and Brewer, "Suicide Mortality in the Maryland State Prison System, 1979 Through 1987."

¹⁰ Dooley, "Prison Suicide in England and Wales, 1972-87." See also Hurley, "Suicides by Prisoners." And see Salive, Smith and Brewer, "Suicide Mortality in the Maryland State Prison System, 1979 Through 1987."

¹¹ D.O. Topp, "Suicide in Prison," *British Journal of Psychiatry*, 134 (1979): 24-27.

In an article under submission for publication, Green et al.,¹² examining 133 suicides in Canadian federal prisons during the period 1977-1988, found that suicide was not more common among prisoners in certain age ranges, and it was not significantly related to offence type or sentence length. Only one individual who committed suicide was a first-time offender. Most were single, and most had attempted suicide previously. Alcohol and drug abuse, and previous psychiatric problems, were common. Time of suicide was spread evenly throughout the 24-hour period. The researchers found a marked variation in suicide numbers between Correctional Service of Canada regions, but they had not adjusted their figures to the regional inmate populations. A crude ratio between these suicide numbers and the percentage of inmates contained in each region suggests a linear variation in numbers across the country, with an almost threefold difference in rates between the Atlantic and Pacific regions. These ratios are shown in Table 2.

Research on the Prevention of Prison Suicide

A number of authors have suggested methods to prevent jail suicide, although few have been evaluated rigorously, and

Table 1

- More likely in early weeks of custody.
- Prisoners three times more likely than population at large.
- First-time prisoners and those on remand most vulnerable. Violent prisoners especially prone.

"...just as every death from natural causes represents much sickness in the population at large, so does every suicide in prison represent much bodily and mental suffering."

Dr. R.M. Gover, Report to the Board of Prison Commissioners of England and Wales, 1880.

Table 2
Suicides in Federal Institutions by Region

	% of suicides*	% of inmates**	Ratio
Atlantic	13	8.5	1.53
Quebec	37	30.6	1.20
Ontario	30	27.8	0.83
Prairies	11	18.7	0.75
Pacific	8	14.4	0.55

* Based on figures in C.M. Green et al., "A Study of 133 Suicides Among Canadian Federal Prisoners." Unpublished article.

** Based on figures from *Basic Facts 1990*, produced by the Correctional Service of Canada.

their appropriateness in long-term prison populations has not been determined.¹³

The frankness of Salive et al. in acknowledging the lack of useful research on prevention programs does not prevent them, like most authors, from making suggestions on how correctional services should prevent suicides.

It is customary to distinguish between **secondary** prevention efforts aimed at individuals who have already been identified as at risk and **primary** prevention efforts addressing factors in the environment that might reduce overall suicide rates.

Comprehensive secondary prevention programs might include special facilities to house suicidal inmates and allow special observation, including 24-hour, one-on-one surveillance if necessary; measures to recruit family and friends to help authorities identify those who may be suicidal; and the use of "inmate observation aides."¹⁴ However, little consideration is given to the very real problem of ensuring that

such programs are available to the truly suicidal and are not overwhelmed with inmates seeking "relief from the obligations of the imprisoned."¹⁵ Also, there is little evidence that such potentially expensive programs can be effective. Indeed, "Convincing arguments can...be made against the effectiveness of prevention strategies aimed at identifying the at-risk individual and attempting to prevent his suicide."¹⁶

Primary prevention efforts generally require advance planning and implementation. They require the judiciary to change policy on remand and sentencing, and consideration of prison design before prisons are built. They almost always require higher staffing levels, and their implementation can have very little to do with front-line staff who are, nevertheless, generally asked to communicate better with the inmates.

When considering the prevention of suicide in prison it may be more appropriate to emphasize general measures designed to reduce stress and promote

¹² C.M. Green, G. Andre, K. Kendall, T. Looman and N. Polvi, "A Study of 133 Suicides Among Canadian Federal Prisoners." Under submission, Regional Psychiatric Centre (Prairies), 1992.

¹³ Salive, Smith and Brewer, "Suicide Mortality in the Maryland State Prison System, 1979 Through 1987."

¹⁴ J. Rakis and R. Monroe, "Monitoring and Managing the Suicidal Prisoner," *Psychiatric Quarterly*, 60 (1989): 151-160, p. 154.

¹⁵ J. Haycock, "Manipulation and Suicide Attempts in Jails and Prisons," *Psychiatric Quarterly*, 60 (1989): 85-98, p. 85.

¹⁶ Levey, "Suicide," p. 609.

coping mechanisms, rather than concentrate on the recognition of the suicidal prisoner.¹⁷

Opportunities for the primary prevention of suicide lie in the use of alternatives to imprisonment, in hospitalisation and treatment when appropriate and in policies that are designed to reduce the stress of imprisonment by improvements in prison conditions and the provision of adequate support services for prisoners.¹⁸

Such statements may read well, but they can appear naïve in the context of rising prison populations and economic constraints.

“Common sense might suggest that people who kill themselves in prison do so **because** they are in prison,”¹⁹ and most administrations are likely to agree with Her Majesty’s Chief Inspector of Prisons that “general penal reforms were not justifiable on the basis of a single issue such as suicide.”²⁰

In practice, attempted suicide is probably the most common way in which potentially suicidal individuals are identified.

The Problem in Practice

It is well known that those who attempt suicide are different in significant ways from those who succeed, though obviously the two groups overlap and a history of suicide attempts is recognized as an important risk factor for suicide.²¹ In practice, attempted suicide is probably the most common way in which potentially suicidal individuals are identified. The other way is if somebody expresses an intent to commit suicide. It is rare for potentially suicidal individuals to be identified by other behaviour, unless

In isolation, the crisis can be resolved unless the isolation areas contain a number of disturbed inmates.

it is part of a mental illness.

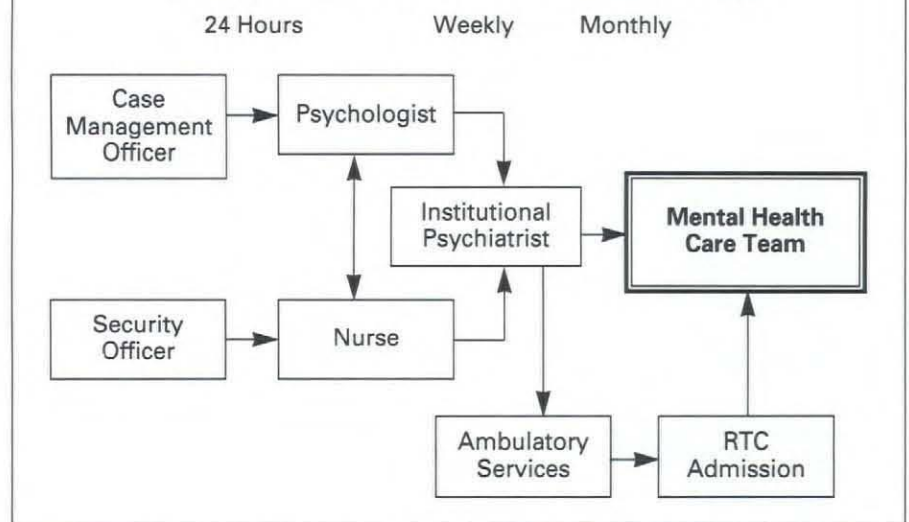
Mentally ill inmates consistently represent a considerable proportion of prisoners who commit suicide, and their suicides are probably the easiest to prevent. Treatment of the illness can reduce risk, and it is this group that psychiatric services can most help. Assisting other potentially suicidal inmates is a major problem for professionals.

Every penitentiary in the Ontario region maintains an active system for monitoring those at risk for suicide. This system is illustrated in Table 3. A mental health care team meets on a

regular basis to discuss intervention and management of those identified. Possible interventions are limited in prison, and, in crisis, often the only option is to isolate suicidal inmates and deny them access to the usual tools for suicide – a razor blade or a noose. Razor blades are easily concealed in a body cavity, nooses are readily improvised. Therefore, initial intervention usually consists of canvas or paper gowns in a bare cell, perhaps with 24-hour camera observation. This saves lives, but it can result in a loss of trust, and it cannot be pursued indefinitely.

In isolation, the crisis can be resolved unless the isolation areas contain a number of disturbed inmates. Only in isolation can any realistic attempt be made to assess the “actual” suicide risk. In assessing suicide risk at this stage, after searching for evidence of mental illness, I try to identify the social situation that might have precipitated the crisis (but inmates are frequently reticent about

Table 3
Institutional Response to Identified Suicide Risk



¹⁷ Backett, “Suicide in Scottish Prisons,” p. 221.

¹⁸ Hurley, “Suicides by Prisoners,” p. 190.

¹⁹ House, “Prison Suicides,” p. 587.

²⁰ Levey, “Suicide,” p. 608.

²¹ K. Hawton and J. Fagg, “Suicide, and Other Causes of Death, Following Attempted Suicide,” *British Journal of Psychiatry*, 152 (1988): 359-366.

this), and I rely on the patients' own statements about their intentions. If they are prepared to give their word that they no longer intend to harm themselves, I usually accept the risk of reducing surveillance, especially if the person is clearly willing to accept help in the form of ongoing counselling of some kind.

However, the benefits of different kinds of counselling are questionable. There is no good evidence that counselling works, and it can be expensive and time-consuming. It is accepted in the field of drug abuse that forming relationships with concerned peers, people from the same background themselves struggling with similar problems, can be as effective as professional interventions. The same possibly applies to those who are mentally well who intend to commit suicide. But, encouraging the formation of peer groups in prisons carries with it its own dangers. Peer groups supported by the prison administration can be taken over by powerful inmates and become an instrument to exploit the weak and disadvantaged.

Prediction and prevention of suicides are difficult in this high-risk environment, and front-line staff are easily discouraged when management shows little understanding of their problems.

For staff involved with a suicide case, some emotional reaction is probably inevitable. A study of 43 train drivers who had experienced someone jumping in front of their train found that, one month after, 21 had recurrent and intrusive distressing recollections of the event, 13 had difficulty staying or falling asleep and 17 showed irritability or outbursts of anger. Sixteen percent of the drivers

could be diagnosed as suffering post-traumatic stress disorder, and a further 39.5% qualified for other psychiatric diagnoses such as depression or phobic states.²² In another study, almost half the psychiatrists who had a patient commit suicide reported stress levels comparable to those found in people seeking help after the death of a parent.²³

Much less is known about clusters of suicide within prisons, except that they occur.

For some staff, a reaction may take the form of an apparent hardening of attitude against inmates. This can be seen as a protection against an underlying sense of guilt. In others, and this may seem the more healthy response, there will be a bereavement reaction that might include depression, tears and a questioning of themselves and their purpose in life.

Suicide in Clusters

If little is known about the general problem of suicide, much less is known about clusters of suicide within prisons, except that they occur.²⁴ Outbreaks of suicide have been observed in communities following media depictions of suicide in fictional characters. One prison suicide cluster has been blamed on a restriction of access to psychiatric services.²⁵

In trying to understand epidemic

suicide, sociological perspectives are likely to be more useful than medical or psychological concepts. Individuals may have their own reasons for deciding to die, but in an epidemic, these are clearly influenced by wider social factors. The growing public concern with each new suicide can itself feed into, and encourage, the next suicide. Until the fundamental faults are addressed, or until such suicides receive no further publicity, the epidemic may continue. One of the more than 50 recommendations of a Correctional Service of Canada investigation into a cluster of seven suicides in the Atlantic region in 1983 was to "undertake a program which would lead to the media in the area down-playing suicide by an inmate....,"²⁶ but the attempt to restrict media attention may increase a sense of despair and suspicion, making an epidemic worse.

Conclusion

Suicides in prison come in clusters, some of which may be explained, some may not. Such a cluster may be emerging across the country. The explanation for this probably has to do with wider social factors, perhaps an economic recession or prison overcrowding.

Prediction and prevention of suicides are difficult in this high-risk environment, and front-line staff are easily discouraged when management shows little understanding of their problems. Those involved deserve consideration and respect for their struggle in an area with few clear guidelines. Well-intentioned calls to be more alert to suicide prevention are likely only to erode morale. ■

²² R. Farmer, T. Tranah, I. O'Donnell and J. Catalan, "Railway Suicide: The Psychological Effects on Drivers," *Psychological Medicine*, 22 (1992): 407-414.

²³ C.M. Chemtob, R.S. Hamada, G. Bauer, B. Kinney and R.Y. Torigoe, "Patients' Suicides: Frequency and Impact on Psychiatrists," *American Journal of Psychiatry*, 145 (1988): 224-228.

²⁴ Hurley, "Suicides by Prisoners."

²⁵ K. Skegg and B. Cox, "Impact of Psychiatric Services on Prison Suicide," *The Lancet*, 336 (1991): 1436-1438.

²⁶ E.H. Botterell, S.N. Akhtar, J. Fagan, R.C. Kaill and W.F. McCabe, "Report of the Study Team: Seven Suicides in the Atlantic Region; February 17 - August 25, 1983," p. xvii.

The Readability of Inmate Handbooks

by Jessie Deslauriers
Chair, Ontario Region Citizens' Advisory Committees to the
Correctional Service of Canada

The educational level of those entering federal institutions is low. Of the 5,776 federal offenders who took part in some kind of educational program during the 1989-90 fiscal year, close to one third participated in the adult basic education (ABE) program. Currently, at any one time, about 1,400 offenders – over 10% of the federal inmate population – are enrolled in some type of ABE program.¹ The Deputy Commissioner of the Ontario region, Andrew Graham, speaking in June 1992 to a regional chairpersons' meeting of the Ontario Region Citizens' Advisory Committees, stated that 50% to 60% of the inmates now entering the federal system in Ontario are at a Grade 5 level of education.

The inmate handbooks issued to offenders at each federal institution contain essential information on the institution's regulations, programs and practices. Can inmates understand the handbooks provided?

Study Methods

The sections of inmate handbooks containing regulations concerning visitors, finances and security or disciplinary matters from seven Canadian institutions were analyzed for their readability. The analysis was done with the commercial computer program RightWriter 4.0, by Que Software. Although it is an American program based on the U.S. educational system, it gives an indication of the clarity and readability of the writing analyzed.

Two handbooks from British Columbia, four from Ontario and one from the Atlantic region were analyzed. One handbook was from a minimum-security institution, four were from medium-security and two were from maximum-security institutions.

Clarity of writing is necessary for inmate understanding, as the following quote from one of the manuals explains: "Clearly knowing rules and following them explicitly will bring about satisfactory performance which will prevent you from having to cope with any disciplinary sanctions." An analysis of this sentence through RightWriter indicated a 16th grade level of education was required to comprehend it.

Results

Results of the analysis of the inmate handbook sections are shown in the figure.

Sections dealing with financial

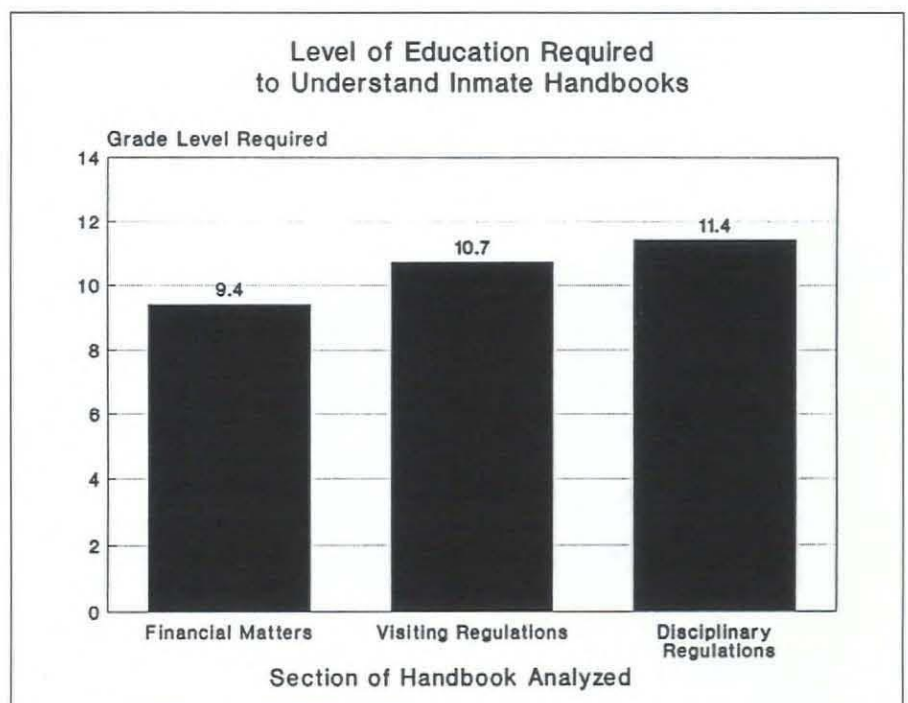
matters proved easiest to read, requiring from Grade 9 to Grade 10 levels of education, with an average (mean) of 9.4.

Regulations regarding visits showed a greater discrepancy in reading ease from institution to institution, ranging from Grade 7 to Grade 14 with an average of 10.7.

The disciplinary regulations required education ranging from Grade 9 to Grade 15 with an average of 11.4.

Although these differences in the reading levels needed to understand regulations concerning discipline, finances and visitors were not statistically significant, they did **approach** significance. This suggests that some subjects are more difficult to explain simply than others.

No significant differences were noted in the reading levels required for handbooks from institutions of differing security levels, indicating a consistent level of writing within the institutions across Canada and between the security levels.



¹ Correctional Service of Canada, "Adult Basic Education: Can It Help Reduce Recidivism?" Forum on Corrections Research, 3, 1 (1991), p. 4.

Conclusions

These findings are disturbing. The regulations concerning both pay and visitation involve important elements in the lives of inmates, yet they are not written simply enough to be understood easily.

Breach of the regulations

concerning discipline could have a direct effect on inmates' apparent suitability for parole. However, if inmates cannot understand the regulations, they are much more likely to commit an offence within the system, which would be recorded in their file.

The Ontario region has now

undertaken a program to revise inmate handbooks to make them more comprehensible. It is hoped that other regions are following suit.

More generally, there is a warning in these analyses to ensure that anything written for inmates is written clearly. ■

Profile of the Community Residential Facility Resident

by Trudy Harris

Northern-Interior Parole District, Pacific Region

The Northern-Interior Parole District, based in Prince George, British Columbia, is responsible for parole supervision for Yukon and British Columbia, except the lower mainland area and Vancouver Island. An average of 265 federal offenders are under district supervision, and a total of 93 community residential facility (CRF) beds are available. Community residential services are provided by seven associations located in Prince George, Kelowna, Vernon and Whitehorse.

Correctional Service of Canada and CRF staff frequently make subjective observations about the general characteristics of parolees residing in these facilities. The development of programs and services based on these assumptions occasionally results in a service or program that does not adequately address the needs of the residents. More objective data would be helpful in the decision-making process.

A research project initiated in January of 1992 was established to determine the client profile of each CRF. A variety of indicators were reported for each resident in an attempt to determine the "typical" client.

The following demographic characteristics are recorded for each resident upon arrival at a CRF: age, racial origin, level of education, employable skills, identifiable problem areas (criminogenic factors detailed in the program-planning model), release type, releasing institution, reason for conviction and area of sentencing. As well, residents are asked why they chose this particular CRF.

Upon leaving the CRF, further information is obtained, primarily concerning problems addressed while the offender was a resident at the facility, the reason for departure and, if suspended, the reason for

suspension.

The data are recorded by each CRF, compiled by the district office and reported quarterly to the community residential facilities. The CRF operators, who have close and co-operative working relationships, share all research findings. As a result, this graphic reporting format provides a clear representation of each facility's parolee population and allows for easy comparison of all indicators between CRFs.

The data are used in several ways. Research results provide an additional tool when determining programming needs from a district perspective. For example, the first reporting period identified a significant difference in educational levels between those residents in the Prince George area (24% with less than Grade 8) and those in the Kelowna/Vernon area

(5% with less than Grade 8). Although the data do not provide reasons for such differences, they do indicate areas for further examination.

The CRF operator can determine if services and programs offered at the facility are meeting the needs of the

The CRF operator can determine if services and programs offered at the facility are meeting the needs of the clients.

clients. Comparison with other CRF data is an excellent method to identify problems and plan accordingly. For example, if a CRF finds that a disproportionate number of its residents have become unlawfully at large as compared with other facilities, this can prompt an analysis of why. Or, a facility having difficulty keeping its beds occupied may compare its strategy for soliciting clients with more successful houses and may consider changing its marketing strategy accordingly.

This is a continuing research project, and the CRF resident profile will be refined as data are collected over a longer period of time. It is anticipated that this will be an invaluable tool to both the Correctional Service of Canada and CRF operators in the district. ■

AIDS Knowledge Among Prisoners

by Andréa Riesch Toepell
AIDS Researcher, John Howard Society of Metropolitan Toronto

A population behind bars can be forgotten, especially when AIDS education programs are being created. Yet prisoners are an identified high-risk group for AIDS and HIV due to unsafe sexual contact and the sharing of intravenous needles inside and outside prison. Inmates therefore require HIV education and prevention programming designed specially for their needs and delivered while they are still in institutions.

In 1991, the John Howard Society of Metropolitan Toronto undertook an initiative concerning HIV and AIDS education among offenders. This prison reform and advocacy agency conducted Canada's first assessment of AIDS education needs among the prison population. The study determined prisoners' level of knowledge and awareness concerning HIV and AIDS. It also examined their opinions about education, prison exit kits, condom distribution, bleaching kits and needle exchanges in the community. The ultimate goal of this study was to collect information which would assist in the development of an AIDS education and prevention program specially tailored to the needs and preferences of the prison population.

Method of Study

This study was conducted in co-operation with the Ontario Ministry of Correctional Services. A total of 100 adult male offenders from two provincial correctional facilities in Toronto were randomly selected and interviewed. Fifty-five men participated from the Metropolitan Toronto West Detention Centre (15% of the centre's adult male sentenced and remand population for the dates the interviews took place) and 45 men from Mimico Correctional Centre (17% of the centre's sentenced population for the dates the interviews took place).

Participants were approached individually, the purpose of the survey was explained and informed consent was obtained. They were assured anonymity and confidentiality, and were given the options to refuse to answer any uncomfortable questions and to end the interview at any time. Prisoners were not asked their name, institution number, nature of current offence or HIV serostatus. A survey-questionnaire was used to collect the data.

For those who agreed to participate, the questionnaire was

The results of the study were significant, not only because they described the needs of an unresearched population, but also because they strongly substantiated the need for prisoner-specific HIV/AIDS education programming.

administered individually in an interview style in a private room. Questions were read to participants and verbal answers were recorded directly on the questionnaire. Although a few questions were open-ended, most required a straightforward answer. The interviews each lasted about one hour. All participants completed the questionnaire (i.e., no inmate ended the interview prematurely).

The results of the study were significant, not only because they described the needs of an unresearched

population, but also because they strongly substantiated the need for prisoner-specific HIV/AIDS education programming.

Findings

The typical inmate in this study was between the ages of 18 and 22, a repeat offender and born in Canada with an education level of Grade 9 to 11. The sample's age range was 18 to 54 years. While 21% of participants were first-time offenders, 65% were repeat offenders who had served provincial sentences only and 14% were repeat offenders who had served both provincial and federal sentences.

Sixty-one percent of the inmates studied were born in Canada, while 19% were from the West Indies/Caribbean – the high proportion of this ethnicity is typical of the Toronto region, but not of other or more remote provincial institutions in Ontario. Conversely, only 3% of the sample were native Canadian – this statistic is also attributable to the location of the study; the native population found in Northern Ontario correctional facilities is significantly higher than in Toronto facilities. Therefore, data were not compared along multicultural lines.

To assess the inmates' level of awareness and knowledge concerning HIV and AIDS, inmates were asked questions concerning definitions of AIDS-related terminology, HIV transmission and prevention, HIV testing and interpreting a negative (HIV-) result and general understanding of the etiology of the virus in relation to HIV illness and AIDS. These questions were asked throughout the interview and appeared in different sections of the questionnaire. The intent of this strategy was to gather information without creating a test environment. This strategy was also used to determine what prisoners knew about HIV and AIDS, what they did not know and what misconceptions or myths they held.

Misconceptions

Overall, prisoners had a relatively high level of awareness and knowledge about HIV and AIDS. However, rather

Rather alarming misconceptions were identified among the inmates.

alarming misconceptions were identified among the inmates. For example, 56% believed that HIV could be contracted by donating blood, 46% considered tongue kissing to be a risk, as well as sharing food or a cup (28%), sneezing or coughing (28%) and mosquitoes (34%). Answers to these questions concerning HIV transmission showed a specific, and considerable, lack of knowledge. Clearly, certain means of contracting a virus specific to an airborne communicable disease were considered by some inmates as the same means for contracting the blood-borne/body fluid exchange communicable virus leading to AIDS.

Only 6% of the sample correctly gave the full term for the acronym AIDS, and only 3% for the acronym HIV. In total, 85% of the prisoners interviewed did not know the difference or the relation between HIV and AIDS. Although most were aware that a test for HIV exists (in fact, 44% have had themselves tested for the virus), very few had heard of anonymous HIV testing, nor could they define it.

Prisoners primarily believed that using condoms and knowing one's sexual partners were the keys to safer sex practices. Generally, public health messages concerning safer sex focus on condom use and knowing one's sexual partner; hence these same messages were reflected in the sample's knowledge.

Almost half the inmates understood a negative test result to signify that the person is conclusively not infected (HIV-free). Only about one third were aware of the need to retest following a negative test result for HIV.

Sources of Information

Prisoners were also questioned about what sources of information they used to learn about HIV and AIDS, whether they currently or in the past had received information on AIDS while in prison, if they were aware of AIDS information agencies and community groups in Toronto, whether they had gone to these agencies in the past and if they would in the future and where they would seek information on HIV and AIDS if they needed it.

A large proportion of prisoners identified the media as their only source of information. Thirty-two percent of participants said they received information from television, 22% identified the printed media and 4% the radio. Eighteen percent indicated they received information from pamphlets and posters at their physician's office. At the time of the interview, only 6% of the sample had received information about AIDS during their incarceration, while 21% had received information during previous incarcerations.

All inmates agreed that education on HIV and AIDS prevention was important for all community members. The vast majority (92%) felt it would be useful to have education on this topic available in prison, and 87% supported the implementation of an HIV/AIDS education program.

Overall, most prisoners had never heard of Toronto's many AIDS community agencies, or of other community groups which provide HIV/AIDS information or services. Also, most

admitted that they would not go to such organizations because they did not actively seek such information. Inmates stated that should they require information, they would ask their family doctor for it rather than contact an AIDS organization. Prisoners gave rather phobic and naïve reasons for avoiding such organizations (e.g., afraid to contract HIV from members of the organizations, assumed that these are gay agencies and feared being perceived as homosexual).

Educational and Prevention Programming

All inmates agreed that education on HIV and AIDS prevention was important for all community members. The vast majority (92%) felt it would be useful to have education on this topic available in prison, and 87% supported the implementation of an HIV/AIDS education program. Inmates' perceptions concerning the educational needs of correctional staff were also investigated. All inmates interviewed agreed that correctional staff should receive training and education concerning HIV and AIDS.

When participants were asked their opinion concerning educational tools, video was the most popular medium chosen for educating the collective prison population, while written materials were a more popular choice for individual learning. Most inmates (58%) preferred a group format for receiving education on AIDS, while 32% preferred a one-on-one format with an AIDS educator. More inmates would attend an AIDS education program while in prison (if available) than in the community after release from prison.

Inmates were also asked their opinions about condom kits (containing one or two condoms with instructions and an AIDS pamphlet) and bleaching kits (containing bleach, water, instructions for cleaning injection needles, condoms and an AIDS pamphlet). Most supported the availability of condom kits in the community, two thirds supported bleaching

Overall, prisoners gave strong evidence of supporting and desiring an AIDS education program in the prison system for both themselves and correctional staff.

kits and half supported a combined kit. Almost all inmates favoured the availability of a prison exit kit (condom with instructions and a pamphlet). In fact, three quarters said that they would use this kit if one were issued upon release from prison. Most prisoners were familiar with, and endorsed, the idea of a community-based needle exchange program (receive one free sterilized syringe for every used syringe "traded").

Conclusion

The John Howard Society's study has demonstrated that prisoners are in dire need of accurate and effective programming concerning HIV/AIDS education and prevention. Overall, prisoners gave strong evidence of supporting and desiring an AIDS education program in the prison system for both themselves and correctional staff. They admitted they would not actively seek educational materials on HIV and AIDS outside prison, but would be receptive to obtaining such education while incarcerated, if it

were offered. Also, they supported and encouraged the distribution of prison exit kits.

In January 1992, the needs assessment study was published in a report by the John Howard Society and included many recommendations.¹ One of these called for a comprehensive AIDS education program for prisoners and staff to be implemented in correctional facilities. The Society also recommended that a strategic and inclusive approach (education, tools required to practise safer sex and safer drug use) must be taken when designing such a program. Educational materials must be developed in consultation with external experts and community AIDS educators to ensure that the information is unbiased and accurate. The Society further recommended that to ensure effective endorsement of an AIDS strategy, management, correctional support staff, operations staff and medical staff should be included in its implementation.

The John Howard Society strongly believes that AIDS education programming should be a compulsory element in the prison environment, and that the prison population should be involved in the development of educational programming. Suggested tools include peer training (i.e., inmates trained to educate fellow inmates), a process which would facilitate a joint effort and, in turn, would nurture support and endorsement of the program and its importance. ■

¹ *Copies of the report Prisoners and AIDS: An AIDS Education Needs Assessment are available from the National Clearinghouse on AIDS, 1565 Carling Avenue, Suite 400, Ottawa, Ontario K1Z 8R1; Telephone (613) 725-3769; Fax (613) 725-9826.*

Get The Facts: Surviving in Prison and in the Community is Canada's first HIV/AIDS education book written for prisoners. It provides two components of information concerning HIV and AIDS – education and a resource directory of services and information available in the city of Toronto. It is a pocket book written at a Grade 7-to-8 level, using street language, and includes 19 illustrations. Get the Facts will be available for distribution in December 1992 and can be ordered from the John Howard Society of Metropolitan Toronto. The John Howard Society is completing a report on a knowledge-attitude-behaviour study concerning HIV/AIDS and prisoners. The report to this study will also be available for distribution in December 1992.

Coming up in Forum on Corrections Research

The theme of the May issue of FORUM is Risk Management in Corrections.

For future issues, we are soliciting articles on the following topics:

- recidivism,
- family violence, and
- women and crime.

If you wish to submit a full article or a research brief to FORUM on these or other topics, please write to us at:

**Research and Statistics Branch
Correctional Service of Canada
4B – 340 Laurier Avenue West
Ottawa, Ontario
K1A 0P9**

Because of the growth of the Correctional Service of Canada's research program, especially in the regions, there is a need for a new reporting mechanism. To keep our readers up to date, this section of FORUM provides short profiles of ongoing research projects across the Correctional Service of Canada—from the Research and Statistics Branch at national headquarters to each region of the country. We hope this will help bridge the geographic gaps that hinder the sharing of knowledge. Please note that the projects listed below constitute only a small selection of the vast number of research projects undertaken.

Offender Programming Research

Study of Offenders' Perception of Imprisonment

This study aims to improve our understanding of how perceptions of imprisonment affect offenders. Studying incarceration from the inmate's point of view will help to understand the processes influencing the outcome of treatment programs devised to improve the effectiveness of correctional institutions.

Status: in progress

Contact: Claudio Besozzi, Research and Statistics Branch, National Headquarters, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

Factors Associated with Successful Integration: An Exploratory Study of Aboriginal Offenders

This project examines the lifestyles of aboriginal offenders who have become law-abiding citizens to determine personal qualities, community resources, family relationships and correctional interventions that affected the development of a law-abiding lifestyle.

Status: in progress

Contact: Doug Heckbert, Grant MacEwan Community College, P.O. Box 1796, Edmonton, Alberta P5J 2P2.

Evaluation of Treatment Program for Sexual Offenders

Criminal recidivism among sex offenders who completed a treatment program is examined in this study. Data were collected on 190 men who participated in the Clearwater program

(Regional Psychiatric Centre, Prairies Region) and were released into the community. The findings suggest that pedophiles were at greatest risk to reoffend, while incest offenders presented the least risk. Offenders who failed to complete treatment were twice as likely to reoffend. The study also found that released offenders require follow-up in the community to ensure that their newly learned skills are being used. Further research is being conducted to determine risk factors for recidivism.

Status: data collection completed, some analyses completed

Contact: Arthur Gordon, Regional Psychiatric Centre, P.O. Box 9243, Saskatoon, Saskatchewan S7K 3X5.

Westmorland Sex Offender Program

This research project focused on three areas. First, the effectiveness of the sex offender program was evaluated; second, personality characteristics of sex offenders were identified; and third, demographic information was examined.

Status: completed

Contact: Kevin Graham, Westmorland Institution, P.O. Box 130, Dorchester, New Brunswick E0A 1M0.

Second Annual Report on Released Sex Offenders from Westmorland Institution, February 1992

This report compares sex offenders released between 1988 and 1990 with those released in 1991 to determine relevant trends in release data. In addition, these statistics are updated in a second report, which compares various factors (i.e., offence category, type of offence and percentage of total sentence served).

Status: completed

Contact: Kevin Graham, Westmorland Institution, P.O. Box 130, Dorchester, New Brunswick E0A 1M0.

Needs Analysis of Families of Sex Offenders

This study examines selected issues and perceptions of the families of sex offenders supervised by the St. John's parole office. The qualitative data will include direct quotations and descriptions of situations, events, interactions and observed behaviours of these families.

Status: in progress

Contact: Brendan Devine, Newfoundland District and Area Parole Office, 102 Churchill Avenue, St. John's, Newfoundland A1A 1N1.

Multisite Study of Sex Offenders' Attitudes

This research project is part of a national study, led by the Solicitor General Secretariat, of sex offenders' attitudes. The Halifax contingent will administer 110 tests to subjects in the area.

Status: in progress

Contact: Steve Cann, Nova Scotia Sexual Behaviour Clinic, 5950 Spring Garden Road, Halifax, Nova Scotia B3H 1Y7.

Offenders' Profiles and Substance Abuse Programming

This study examines offenders who participated in substance abuse programs and were subsequently released. In particular, it focuses on offenders who were recommitted and the reasons for recommitment. The purpose of the research is to further develop substance abuse programs, including referral processes, assessment criteria and follow-up. In addition, this study aims to ensure that treatment is based on the different dependency levels, risk factors and associated treatment intensity needs of these offenders.

Status: in progress

Contact: Ron Lawlor, Correctional Programs, Atlantic Regional Headquarters, 1222 Main Street, Moncton, New Brunswick E1C 1H6.

Evaluation of Relapse-Prevention Group for Female Fraud Offenders

This study is designed to measure the efficacy of the Prison for Women's 10-week relapse-prevention program for fraud offenders. The primary objective is to evaluate the degree to which changes in the targetted areas (e.g., self-efficacy, assertiveness skills, self-esteem) predict recidivism. Status: programs of two groups and the first group's six-month follow-up completed, further data analysis in progress

Contact: Heather McLean, Prison for Women, P.O. Box 515, Kingston, Ontario K7L 4W7.

Program Evaluation at the Prison For Women

The purpose of this study is to evaluate and assess therapeutic programs at the Prison for Women. The evaluation will identify program content and delivery, strengths and weaknesses, program effectiveness and positive and negative side effects.

Status: in progress

Contact: Kathleen Kendall, Ontario Regional Headquarters, P.O. Box 1174, 440 King Street West, Kingston, Ontario K7L 4Y8.

Empathy Training for Sex Offenders

This study examines a behavioural evaluation of empathy (Behavioural Empathy Test) and compares it with a range of psychometric tests to determine the efficacy of empathy enhancement.

Status: completed, publication in process

Contact: Sharon Williams and Arunima Khanna, Regional Treatment Centre, P.O. Box 22, 555 King Street West, Kingston, Ontario K7L 4V7.

Retrospective Evaluation of the Sex Offender Program

This evaluation of the Ontario Regional Treatment Centre's Sex Offender Program examines the relationship among recidivism, psychological assessment data and progress during treatment.

Status: in progress

Contact: Arunima Khanna, Regional Treatment Centre, P.O. Box 22, 555 King Street West, Kingston, Ontario K7L 4V7.

Study of Relapse Versus Successful Community Integration Following Sex Offender Treatment

This study examine factors that influence relapse and the successful maintenance of treatment gains. In addition, the study will identify personal and environmental predictors of outcome following treatment.

Status: in progress

Contact: Arunima Khanna, Regional Treatment Centre, P.O. Box 22, 555 King Street West, Kingston, Ontario K7L 4V7.

Evaluation of the Effectiveness of Community-Based Psychological Services in the Central Ontario District

This study assesses progress in treatment using the risk/needs analysis form, other measures of community influence (productivity, family relationships) as well as suspension and revocation rates.

Status: data collected and analyzed, report in progress

Contact: Lynn Stewart, Central Ontario District Parole Office, 330 Keele Street, Toronto, Ontario M6P 2K7.

Employment Study

Institutional and community work records of offenders released between May 1991 and May 1992 are being examined to determine if offenders who worked during their incarceration are more likely to find jobs after release than those who did not work during incarceration. It also examines whether those who worked during incarceration are more likely to find work in the areas for which they were trained.

Status: in progress

Contact: Gertie Witte, Western Ontario District Parole Office, 457 Richmond Street, London, Ontario N6A 3E3.

Draft Program Evaluation – Correctional Officer Training I, Port-Cartier

Training programs are evaluated in this project which stemmed from a university work initiative.

Status: completed

Contact: Claire Bisson, Regional Headquarters, Quebec, 3 Place Laval, Laval, Quebec H7N 1A2.

Ambulatory Services Program

The Pacific region's Psychiatric Centre Ambulatory Services Program is described and evaluated.

Status: completed

Contact: Carson Smiley, Regional Psychiatric Centre, P.O. Box 3000, Abbotsford, British Columbia V2S 4P4.

Evaluation of Phoenix, Intervention and Sex Offender (SOAP) Programs

The Phoenix, Intervention and SOAP programs at Mountain Institution are evaluated.

Status: completed

Contact: D. McLaren, Assistant Warden, Programs, Mountain Institution, P.O. Box 1200, Agassiz, British Columbia V0M 1A0.

Evaluation of Community Sex Offender Programs

This study evaluates the community sex offender programs in the Pacific region.

Status: completed

Contact: Chuck MacGinnis, Correctional Programs, Pacific Regional Headquarters, P.O. Box 4500, Abbotsford, British Columbia V2T 4M8.

Day Parole Program Review

This research examines factors that determine the granting of day parole and the characteristics of offenders selected for this type of release. More specifically, the study will describe the day parole program, collect information on regional perceptions of the program, identify implications of proposed legislative changes on day parole and identify proposals for policy development and program improvement.

Status: in progress

Contact: Larry Motiuk, Research and Statistics Branch, National Headquarters, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

Research on the Cognitive Skills Training Program

The Cognitive Skills Training Program has been delivered to more than 2,000 offenders across Canada. The research investigates the effects of the program on reintegration of offenders into the community. Other research initiatives in connection with this program include: (i) a psychopathy study which will determine whether offenders with high psychopathy ratings benefit more or less than other offenders from program participation; (ii) a community follow-up study which will examine offenders' perceptions of the usefulness of cognitive skills training and how offenders apply those skills following release; and (iii) a study that aims to refine coach selection and training procedures by examining the differential effectiveness of program delivery by coaches.

Status: two reports completed, further analyses in progress

Contact: David Robinson or John Weekes, Research and Statistics Branch, National Headquarters, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

Prerelease Substance Abuse Program

This research focuses on the post-release outcomes of individuals who participate in substance abuse programs.

Status: in progress

Contact: David Robinson or John Weekes, Research and Statistics Branch, National Headquarters, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

Research on Vocational Training

This research focuses on a number of vocational training projects to determine the impact of vocational training on recidivism and employability. The effectiveness of vocational training

programs will be assessed by examining the ability of former inmates to find training-related employment. Also, researchers will look at inmates' perceptions of vocational training as a means to improve job skills and work habits.

Status: in progress

Contact: John Weekes, Research and Statistics Branch, National Headquarters, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

Profile and Program Needs Analysis of Federal Offenders on Release in the Ontario Region: Western, Central and Eastern Ontario Districts

This project aims to evaluate and recommend community programming based on the identified offender needs. Needs of released offenders will be identified using a newly developed risk/needs form.

Status: in progress

Contact: Lynn Stewart, Central Ontario District Parole Office, 330 Keele Street, Toronto, Ontario M6P 2K7; Gareth Hughes, Eastern Ontario District Parole Office, 920 Princess Street, Kingston, Ontario K7L 1H1; and Gertie Witte, Western Ontario District Parole Office, 457 Richmond Street, London, Ontario N6A 3E3.

Assessment Research

Offender Intake (Front-End) Assessment Project

The objective of this project is to standardize, throughout the Correctional Service of Canada, an overall orientation and integrated assessment process. This will ensure that offenders' needs, risk of reoffending and other factors that might affect their reintegration into the community are identified upon admission to federal institutions.

Status: in progress

Contact: Larry Motiuk, Research and Statistics Branch, National Headquarters, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

Phallometric Testing

This study compares phallometric testing laboratories in response to criticism that there is too much variability and inconsistency between them.

Status: in progress

Contact: R.J. Howes, Stony Mountain Institution, P.O. Box 4500, Winnipeg, Manitoba R3C 3W8.

Sexual Arousal Patterns in Incest Offenders

This research shows that 65% to 70% of incest offenders tested were sexually unresponsive to slides of children, compared with 25% of pedophiles, while 90% of both groups showed arousal to a videotape depicting an adult consensual encounter. A further study is planned to determine if more intense stimulation is necessary for incest offenders to show arousal to slides of children.

Status: completed

Contact: Arthur Gordon, Regional Psychiatric Centre, P.O. Box 9243, Saskatoon, Saskatchewan S7K 3X5.

Arousal by Pedophiles to Audio and Videotaped Stimuli

This study aims to understand better the arousal patterns of pedophiles in response to different types of stimulation. Data related to pedophiles' arousal to audiotaped materials depicting degrees of sexual aggression against children will be analyzed.

Status: in progress

Contact: Arthur Gordon, Regional Psychiatric Centre, P.O. Box 9243, Saskatoon, Saskatchewan S7K 3X5.

Testosterone Levels in Sexual Offenders

This research project examines relationships among testosterone, sexual arousal patterns and a variety of ammonia derivatives that are related to violence.

Status: in progress

Contact: Robin Menzies, Regional Psychiatric Centre, P.O. Box 9243, Saskatoon, Saskatchewan S7K 3X5.

Psychopathy in Sexual Offenders

Using the Hare Psychopathy Checklist (PCL), this study examines the

relationship between psychopathy and a variety of variables including criminal history, psychological and physiological test data and performance during treatment. Subjects are followed up to determine if the PCL predicts sexual and criminal recidivism. Status: in progress

Contact: Arthur Gordon, Regional Psychiatric Centre, P.O. Box 9243, Saskatoon, Saskatchewan S7K 3X5.

Reducing Defensive Responding About Adult-Child Sexual Contact: A Revision of the Abel and Becker Cognitive Scale

The Abel and Becker Cognitive Distortion Scale (ABC) was revised to reduce defensive responding. The methods used to reduce response bias were: (i) adding "justification" conditions to items that represent cognitive distortions about adult-child sex to make them seem more socially desirable to perpetrators; (ii) modifying the social desirability of the items as well as varying the keying of the items; and (iii) mixing the critical items among items from other tests that measure attitudes toward women but do not describe cognitions about adult-child sex.

Status: completed

Contact: Steve Cann, Nova Scotia Sexual Behaviour Clinic, 5950 Spring Garden Road, Halifax, Nova Scotia B3H 1Y7.

Network of Computerized Assessment of Sexual Offenders

The purpose of this study is to develop a network of computerized assessment data instruments for sexual offenders. Status: in progress

Contact: Robert Konopasky, St. Mary's University, 5950 Spring Garden Road, Halifax, Nova Scotia B3H 1Y7.

Assessment of Anger and Aggression

This project assesses the validity of psychological tests purported to measure anger and aggression. It examines such tests in relation to treatment gain of offenders who completed a 12-session

cognitive-behavioural anger management program.

Status: manuscript in preparation
Contact: Ralph Serin, Joyceville Institution, P.O. Box 880, Kingston, Ontario K7L 4X9.

Differences Among Incarcerated Substance Abusers on Risk/Need and Psychopathy Measures: Implications for Treatment

This study assesses whether alcohol, drug or combined alcohol- and drug-abusing offenders differed in characteristics from each other and from other non-substance-abusing offenders. In addition, the study suggests treatment strategies for these offenders. Status: completed

Contact: Wagdy Loza, Kingston Penitentiary, P.O. Box 22, 555 King Street West, Kingston, Ontario K7L 4V7.

Relationship Between Indices of Learning Disability and Psychopathy in a Male Prison Population

This study examines the relationship between a learning disability index and a measure of psychopathy. Results indicate that no reliable association between learning disability and psychopathy was found for the sample (N=75) as a whole, but a reliable relationship was found when the sample was restricted to inmates who were less than 30 years old.

Status: completed

Contact: Jean Folsom, Millhaven Institution, P.O. Box 280, Bath, Ontario K0H 1G0.

Differences in Denial of Offenders Convicted of Sexual Assault Against Adults Versus Children

This study looks at the different forms of denial used by sex offenders with adult victims and those with child victims. Offenders were assessed on four measures of denial including three measures from the Balanced Inventory of Desirable Responding and the Basic Personality Inventory Denial Scale.

Status: completed

Contact: Patricia Nugent, Millhaven Institution, P.O. Box 280, Bath, Ontario K0H 1G0.

Supplementary Diagnosis and Social Adaptation in Schizophrenic or Depressive Inmates

This research project compares incarcerated individuals suffering from schizophrenia or depression with schizophrenic or depressed individuals in a hospital setting.

Status: in progress

Contact: Claire Bisson, Regional Headquarters, Quebec, 3 Place Laval, Laval, Quebec H7N 1A2.

Preliminary Study of Homicidal Schizophrenics

This research project aims to further our understanding of schizophrenics who commit homicide.

Status: in progress

Contact: Claire Bisson, Regional Headquarters, Quebec, 3 Place Laval, Laval, Quebec H7N 1A2.

Dangerousness and Case Management

As part of a master's thesis in criminology, this study analyzes the role of risk evaluation in the case management of federally sentenced inmates.

Status: in progress

Contact: Claire Bisson, Regional Headquarters, Quebec, 3 Place Laval, Laval, Quebec H7N 1A2.

Incidence of Sexual Disorders Among Inmates Convicted of Sexual Offences

This research project analyzes the incidence of sexual disorders on the basis of offences and mental disorders.

Status: in progress

Contact: Claire Bisson, Regional Headquarters, Quebec, 3 Place Laval, Laval, Quebec H7N 1A2.

Study on Psychopathy

This research project examines links between psychopathy and a specific cerebral dysfunction, the frontal syndrome.

Status: in progress

Contact: Claire Bisson, Regional Headquarters, Quebec, 3 Place Laval, Laval, Quebec H7N 1A2.

Individual Mental Ability Test

This initiative examines the standardization of the individual mental ability test for 25- to 34-year-olds.

Status: in progress

Contact: Claire Bisson, Regional Headquarters, Quebec, 3 Place Laval, Laval, Quebec H7N 1A2.

Detection of Malingered Mental Illness Study

This study attempts to detect malingered mental illness in a forensic population.

Status: in progress

Contact: Carson Smiley, Regional Psychiatric Centre, P.O. Box 3000, Abbotsford, British Columbia V2S 4P4.

Expert Tutoring System Project

The objective of this project is to develop an artificial intelligence "expert system" to apply to risk/needs analysis. The eventual aim is to tie the system into the front-end assessment project.

Status: in progress

Contact: Roger Boe, Research and Statistics Branch, National Headquarters, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

Computerized Lifestyle Assessment Instrument (CLAI)

The CLAI collects information about inmate substance use and patterns of criminality. Over 2,800 assessments of reception inmates have been completed using the data base generated from the CLAI. In addition, treatment-relevant inmate typologies relating substance abuse characteristics to criminal behaviour are being developed. A further report will show regional comparisons of substance abuse indicators and provide relevant information for treatment resource planning.

Status: one report completed, further analyses in progress

Contact: David Robinson or John Weekes, Research and Statistics Branch, National Headquarters, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

Family Violence

Family Violence Research Initiative

Several family violence research initiatives are under way. These include: (i) a compendium of researchers and research topics in the area of family, family violence and offenders; (ii) a study of models of offenders' families in addition to offenders' perceptions and beliefs about family; (iii) a study of the incidence of family violence among federal offenders based on file reviews and interviews; and (iv) a study of the attitudes of offenders serving long-term sentences toward family, relationships and the roles of women and men.

Two community-based demonstration projects offering treatment for released high-risk offenders and their families have been completed (and their funding extended). Due to their success, two more such projects are being planned.

A total of 1,500 front-line staff across all regions are being surveyed to determine their attitudes toward and knowledge of family violence. Their opinions about the involvement of the Correctional Service of Canada in family violence intervention are also being sought. Results of the survey will be instrumental in the development of staff training programs.

Status: in progress

Contact: Evelyne Vallières, Research and Statistics Branch, National Headquarters, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

Research on Staff Issues

Staff Commitment and Aspirations Study

This study examines what motivates correctional staff to perform at high levels and what factors contribute to their commitment. Further analyses are being conducted on staff issues (e.g., correctional officer education, attitudes toward offenders) that were

included in the study. In addition, regional concerns are being examined. Status: major study and two reports completed, follow-up analyses in progress

Contact: David Robinson, Research and Statistics Branch, National Headquarters, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

Study of Work Motivation

A study of work motivation among correctional officers and case management officers in the Quebec region is under way.

Status: in progress

Contact: Evelyne Vallières, Research and Statistics Branch, National Headquarters, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

Factors Affecting the Acceptance of Female Correctional Officers in an Institution for Men

This study aims to assess what factors influence officers' attitudes toward female correctional officers at a male institution. These factors will be identified as individual or organizational. Status: in progress

Contact: David Lagace, Psychology Department, Bowden Institution, P.O. Box 6000, Innisfail, Alberta T0M 1A0.

Sex Offenders and Deviant Sexual Behaviour – An Annotated Bibliography for Case Managers

This bibliography supplements the staff training initiative of national headquarters to provide all staff with a basic understanding of sex offender assessment and treatment. For each reference, an overview of the research and a summary of the findings and conclusions are provided.

Status: in preparation for distribution
Contact: Gareth Hughes, Eastern Ontario District Parole Office, 920 Princess Street, Kingston, Ontario K7L 1H1.

Resolving Ethical Dilemmas by Psychologists

This survey provided Correctional Service of Canada psychologists with

ethical dilemmas and a number of responses. They were to choose the most appropriate response. Results show that the psychologists' responses did not vary according to years of experience, degree level, gender or years of forensic training.

Status: manuscript in preparation
Contact: Ralph Serin, Joyceville Institution, P.O. Box 880, Kingston, Ontario K7L 4X9.

Impact of Exposure to Critical Incidents on Correctional Officers

This project examines the types, frequency and impact of work-related trauma in addition to the factors that influence impact at the time of the event and current functioning. It also identifies the needs of correctional personnel following critical incidents.

Status: completed
Contact: Lois Rosine, Bath Institution, P.O. Box 1500, Bath, Ontario K0H 1G0.

Research on Management Issues

Study of "Walkaways" from Minimum-Security Institutions

The first report provides a profile of walkaway offenders. The second compares walkaways with similarly situated offenders who remained in custody. A third report examines the consequences of unlawfully departing from minimum-security institutions.

Status: two reports completed, further analyses in progress
Contact: Larry Motiuk and Joe Johnston, Research and Statistics Branch, National Headquarters, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

Temporary Absence (TA) Review

A review of temporary absences from 1975/76 to 1990/91 has been completed. One analysis shows that, generally, native offenders received treatment equal to that of non-native

offenders. In some cases, they received a larger proportion of TAs than expected, given their representation in the offender population.

Status: one report completed
Contact: Brian Grant, Research and Statistics Branch, National Headquarters, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.

Public Attitudes Toward Sexual Offenders

This thesis examines perceptions and attitudes of the public toward sex offenders including characteristics of sex offenders, punitive and treatment options, causes of sexual aggression and expectations of the role and efficacy of corrections and treatment.

Status: in progress
Contact: Rebecca Schalm, Regional Psychiatric Centre, P.O. Box 9243, Saskatoon, Saskatchewan S7K 3X5.

Atlantic Region Revocation Study

This study aims to develop profiles of offenders who have experienced a revocation (day parole, full parole and mandatory supervision cases) and to determine the reasons for revocation. Information is being collected through file reviews and contact with parolees, their family members and supervisors.

Status: in progress
Contact: Bob Smith, Correctional Operations, Atlantic Regional Headquarters, 122 Main Street, Moncton, New Brunswick E1C 1H6.

Prediction of Recidivism

This project investigates whether general recidivism can be predicted using a variety of dynamic predictors, including measures of coping skills, cognitive-emotional factors and criminal personality.

Status: in progress
Contact: William Palmer, Warkworth Institution, P.O. Box 760, Campbellford, Ontario K0L 1L0.

Validity of the Wisconsin Client Management Classification System (CMS) in Predicting Postrelease Adjustment and Violent Recidivism

This study examines whether offenders'

scores on the CMS predicted postrelease adjustment and violent recidivism.

Status: completed
Contact: Wagdy Loza, Kingston Penitentiary, P.O. Box 22, 555 King Street West, Kingston, Ontario K7L 4V7.

Analysis of the Impact of Incarceration on Sexual Deviance

This research project looks at the correlation between the number of years of incarceration for a sexual offence and the deviance indicator as tested in a laboratory.

Status: completed
Contact: Claire Bisson, Regional Headquarters, Quebec, 3 Place Laval, Laval, Quebec H7N 1A2.

Multiculturalism, a New Challenge for Officials

This research project and seminar examines multiculturalism and the development of a network for officials in the field to exchange views on problems of intervention and to come up with practical solutions.

Status: in progress
Contact: Claire Bisson, Regional Headquarters, Quebec, 3 Place Laval, Laval, Quebec H7N 1A2.

Managing Mentally Ill Offenders

This study looks at managing offenders with a mental illness in the British Columbia federal prison system. It explores who they are and how well they do.

Status: completed
Contact: Carson Smiley, Regional Psychiatric Centre, P.O. Box 3000, Abbotsford, British Columbia V2S 4P4.

The Fate of Mentally Ill Offenders

This study examines the fate of mentally ill offenders in Canadian federal correctional custody.

Status: ongoing
Contact: Carson Smiley, Regional Psychiatric Centre, P.O. Box 3000, Abbotsford, British Columbia V2S 4P4. ■

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