The Implications of Social History Variables, Ethnic Ancestry, and Social Determinants in the Health and Case Management of Canadian Offenders

Dena Derkzen, Ph.D., Leslie Anne Keown, Ph.D., & Lynn Stewart, Ph.D.
Correctional Service Canada
October 2016
In keeping with the conference theme this workshop will examine social history variables in the lives of federally sentenced Canadian offenders.

The Correctional Service of Canada administers the sentences of offenders sentenced to 2 or more years. These men and women tend to have the more serious offences and/or chronic criminal histories.

As you will see they are also a very disadvantaged group.

We will begin with a presentation on Aboriginal women in the federal system, followed by a presentation examining the profile of ethno cultural offenders and the final presentation is on a study of the social determinants affecting the health outcome of incoming offenders.
Aboriginal Women Offenders: Social History Variables and their Implications for Case Management

Dena Derkzen, Ph.D.
Correctional Service Canada
October 2016
Recent CSC Research on Aboriginal women

Recent Publications:

– Aboriginal women: Profile and changing population
  J. N. Beaudette, M. Cheverie, & R. Gobeil

– Social histories of Aboriginal women
  S. Clarke

– Aboriginal women: An overview of the correctional process from admission to warrant expiry
  J. Thompson & R. Gobeil

– A profile of women under community supervision
  A. McConnell, S. Rubenfeld, J. Thompson, & R. Gobeil
How has the population of Aboriginal women changed over time?
Relative to non-Aboriginal women

• Patterns were unchanged over the 10 years

• Aboriginal women are:
  – On average, 3-4 years younger
  – More likely to be convicted of a violent offence
  – Less likely to be classified as minimum security
  – Assessed as higher risk and less likely to successfully reintegrate into the community
Changes over time

• While Aboriginal women used to receive longer sentences than non-Aboriginal women, sentence lengths are becoming more similar (average = approx. 3 years)
  – Possibly a result of changes in sentencing decisions arising from the Gladue decision

• Aboriginal women used to be less likely to be married, but over time, the proportion of non-Aboriginal women who were married has decreased, thus group differences are decreasing
Amongst Aboriginal women

• Again, many patterns did not change

• Métis women are:
  – More likely to have a high school diploma than First Nations women

• First Nations women are:
  – Much more likely to be convicted of a violent offence
Social histories
Participants

• Aboriginal Social History was assessed at intake
  – $n = 124$ First Nations ancestry
  – $n = 46$ Métis ancestry

• Women admitted to CSC on a new sentence between April 1, 2008 and March 31, 2010 were included in our study
Social History

- **Residential school**
  - Over half of the women reported having attended or having had a family member attend residential school
    - Higher among First Nations women compared to Métis women
- **Childhood**
  - Almost half also reported having lived on a reserve for at least part of their childhood
  - Over half had been removed from their family home (e.g., adopted, foster care).
- Almost all of the women’s files indicated the existence of previous traumatic experiences
- Almost all women had either an alcohol or other drug issue recorded on their file
  - First Nations women more often reporting issues with alcohol whereas more Métis women reported issues with other drugs.
Cultural Involvement

• Many of the women had been involved in their Aboriginal cultural communities
  – e.g., Elders or participating in sweats

• Language fluency in their ancestral tongues was much more limited among the women, especially for Métis women.
Correctional Experiences
Compared to non-Aboriginal women, Aboriginal women are more likely to be serving sentences for homicide, robbery, and assault; less likely to be serving sentences for property and drug offences. Aboriginal women are more likely to receive an indeterminate sentence.

Among Aboriginal women:

- FN women are more likely than Métis women to be serving sentences for homicide and drug offences, but less likely to be serving sentences for assault.
- FN women were more likely to receive indeterminate sentences.
Comparing Aboriginal and non-Aboriginal women:

– Aboriginal women present higher risk and need, and lower reintegration potential

Among Aboriginal women:

• While FN women are assessed as higher risk, they are similar to Métis women on need, motivation, and reintegration potential
Comparing Aboriginal and non-Aboriginal women:

– Aboriginal women are classified to higher levels of security throughout their sentence and more likely to be reclassified to higher levels of security
– Aboriginal women receive more institutional charges and are more frequently placed in segregation
– Since 2014, the federal population, including Aboriginal Women, in administrative segregation has decreased (Motiuk & Hayden, 2016)

Among Aboriginal women:

• FN women are classified to higher levels of security than Métis women
• Patterns regarding charges and segregation are inconsistent
Among Aboriginal women:

- FN women are more likely to have had Elder reviews
- FN women were more likely to have been in a Pathways unit (30%) than Métis women (13%)
- While more Métis women spent time at a Healing Lodge (35% vs. 30%), on average, FN women spent two months longer at the Lodge (possibly due to longer overall sentences)
Comparing Aboriginal and non-Aboriginal women:

- Fewer Aboriginal women received visits, and of those who did, the rate was lower
- More Aboriginal women had escorted temporary absences

Among Aboriginal women:

- More FN women received visits
- FN less frequently granted escorted temporary absences
Programs and interventions

Comparing Aboriginal and non-Aboriginal women:

- More Aboriginal women completed programs, mental health interventions, and both education and employability interventions

Among Aboriginal women:

- More FN women completed programs (both mainstream and Aboriginal-specific) and mental health interventions
- More FN women were employed within CSC
- FN and Métis women were approximately equally likely to complete education and employability interventions
Comparing Aboriginal and non-Aboriginal women:

– Aboriginal women were more likely to waive parole hearings and to receive a non-discretionary release
– On average, Aboriginal women served 48% of their sentences prior to release (compared to 34% for non-Aboriginal women)

Among Aboriginal women:

• FN women were more likely than Métis women to waive parole hearings
• On average, FN women served 49% of their sentences, while Métis women served 44%
Comparing Aboriginal and non-Aboriginal women:

- Aboriginal women were more likely to receive conditions requiring abstinence from drugs and/or alcohol and residency in a specific place
- They were less likely to receive conditions requiring they avoid specific places

Among Aboriginal women:

- FN women were more likely to receive residency and avoid places conditions, and less likely to receive conditions to avoid persons or abstain from drugs and/or alcohol
Post-release outcomes

Comparing Aboriginal and non-Aboriginal women:
  – Aboriginal women were more likely to be suspended and revoked

Among Aboriginal women:
  • FN women were more likely to be suspended and revoked, typically due to violation of an abstinence condition
Key Points and Implications
Key points

• Aboriginal women experience many challenges prior to their contact with the correctional system

• Aboriginal women demonstrate higher risk during their incarceration and poorer outcomes after release

• There has been good utilization of Aboriginal-specific initiatives, including Healing Lodges, Pathway Units, Aboriginal-specific correctional programs, and Elder reviews

• There are differences among correctional experiences and outcomes for First Nations and Métis women
Implications for Case Management

• Distinct needs may exist for First Nations and Métis women. It may be appropriate to nuance interventions and support for women in each group

• There continues to be significant room for improvement in correctional outcomes between Aboriginal and non-Aboriginal women

• More systematic collection of social history information may facilitate understanding of the experiences of Aboriginal women – training initiatives were undertaken which may help
Based on the following reports:

– **Aboriginal women: Profile and changing population**
  J. N. Beaudette, M. Cheverie, & R. Gobeil

– **Social histories of Aboriginal women**
  S. Clarke

– **Aboriginal women: An overview of the correctional process from admission to warrant expiry**
  J. Thompson & R. Gobeil

– **A profile of women under community supervision**
  A. McConnell, S. Rubenfeld, J. Thompson, & R. Gobeil

For more information:

- Or email Dena.Derkzen@csc-scc.gc.ca
Ethnocultural Offenders: An Investigation of Social History Variables

Leslie-Anne Keown, Ph.D.
Correctional Service Canada
October, 2016
Social History

- The concept of social history is commonly used in the context of Indigenous offenders, where it is defined as “the various circumstances that have affected the lives of many Aboriginal people”

- Social history factors can be useful in contextualizing and understanding behaviours of other ethnocultural groups

- Though social history information, per se, is not readily available for all offenders, existing information was examined
Our Examination

- Our best source of information on offenders’ lives and experiences prior to incarceration is an intake assessment resulting in overall ratings and 100 indicators in seven domains:
  - Family / marital
  - Personal / emotional
  - Substance use
  - Community functioning
  - Education / employment
  - Associates
  - Attitudes

- Criminal history was also examined
In total, data were available for 725 ethnocultural offenders. Half were Black.
Findings
Criminal History

- Ethnocultural offenders less frequently had previous adult convictions than did White and Aboriginal offenders.

- Rates of youth criminal history were similar for ethnocultural and White offenders.
Substance Use

- Overall, rates of problematic substance use were much lower for ethnocultural offenders.
- The lowest rates were found for Black offenders and for East/South East Asian offenders.

![Bar chart showing need relating to substance use for different groups. Ethnocultural: 33, White: 64, Aboriginal: 83.](image-url)
Substance Use, *cont.*

- Relative to White and Aboriginal offenders, ethnocultural offenders less frequently reported:
  - Beginning drinking and taking drugs at young ages
  - Substance use that impacted relationships, employment, or contributed to conflicts with the law
  - Having alcohol or drug use as part of their offence cycle
  - Having friends, family members, or intimate partners with substance use problems
Antisocial Attitudes and Associates

- Ethnocultural, White, and Aboriginal offenders were about equally likely to have needs relating to associates and to attitudes.
- Among ethnocultural offenders, rates were lowest for East and South East Asian offenders.
• Relative to White offenders, ethnocultural offenders less frequently reported:
  – Attitudes disrespectful of personal, commercial, or public property

• On the other hand, ethnocultural offenders were more likely than White offenders to:
  – Report attitudes supportive of instrumental or goal-oriented violence
  – Be suspected of being affiliated with a gang
Family and Community Stability

- Overall, a quarter of ethnocultural offenders had elevated need relating to community functioning and their family / marital situation
- Just over half of ethnocultural offenders had needs relating to education or employment
Family and Community Stability, cont.

• Relative to White and Aboriginal offenders, ethnocultural offenders more frequently demonstrated:
  – Housing stability
  – Financial stability
  – Pro-social support from friends, family, and intimate partners

• Similar proportions of ethnocultural and White offenders:
  – Had completed high school
  – Were employed at arrest and had job skills

• There was a great deal of variability among ethnocultural offenders in the percentage who resided in high-crime areas.
Personal Characteristics

• Overall, about two-thirds of ethnocultural offenders had elevated needs in this domain.

• The lowest rates were found for Arab, East, South East, and West Asian offenders.

![Bar chart showing personal/emotional needs by ethnocultural group.](chart.png)
• Relative to White offenders, ethnocultural offenders were **less** frequently assessed as:
  – Impulsive
  – Having difficulty coping with stress
  – Having difficulty solving interpersonal problems
  – Giving up easily when challenged

• **Similar** proportions of ethnocultural and White offenders were identified as:
  – Displaying narrow and rigid thinking
  – Being able to link actions to consequences
Interpreting Findings
Contribution and Interpretation

• This study provides a snapshot of the current ethnocultural offender population, which adds to existing knowledge and may act as a baseline to allow detection of trends over time.

• Overall, ethnocultural offenders differ from their White and Aboriginal counterparts in many ways; that said, it is important to recall that there is as much variability within the ethnocultural population as across groups.
The Importance of Situating Findings

• Aggregate-level descriptions are helpful, in that they can assist in developing cultural competency and allocating resources

• However, moving beyond description to understanding how to incorporate these findings in case management requires:
  – Consideration of each offender’s unique background and social history
  – Examination of why certain factors may be present

• CSC staff consider each offender and each case management decision on a case-by-case basis
Questions?

Leslie-Anne Keown
Research@csc-scc.gc.ca

Social Determinants of Physical Health Conditions among Canadian Offenders

Lynn Stewart, Ph.D., C.Psych.
Correctional Service Canada
October 2016
Quality health services is only one factor effecting overall health of a population

Social environmental factors such as poverty, low educational attainment, substandard housing, and underemployment are examples of independent risk factors for adverse health outcomes

These social and environmental factors are referred to as social determinants of health. It can be argued that these ‘upstream’ factors are in fact more important than medical care in determining health outcomes.
• Offenders have higher rates of infectious diseases, chronic diseases, and physical and psychiatric disorders relative to the general population.

• **Factors that may explain this finding:**
  • Offenders engage in more high-risk health behaviours and have a greater likelihood of being involved in activities that can result in physical injuries.
  • Detrimental social determinants such as poverty, low educational attainment, substandard housing, and underemployment are also more common among offender populations.
Method

PURPOSE:
- To examine the relationship between social determinants factors and the physical health conditions of federally sentenced offenders in the Correctional Service of Canada (CSC).

METHOD:
- Data collected over a six-month period on all incoming men offenders were used to determine the prevalence of chronic physical health conditions \(N = 2,273\).
- Data related to the presence of social determinants of health that are well-established in the literature were identified through offender management records.
- Analyses were conducted to examine the extent to which social determinants were associated with the various physical health conditions.

PARTICIPANTS:
- \(N = 2278\) men incoming to the federal correctional system
- Average age = 36 years \((SD = 12; \text{Range} = 18 – 82)\); 22\% \((N = 496)\) of Aboriginal ancestry.
- Women excluded because the sample size was too small to allow for analyses.
DATA COLLECTION:

- Forms assess and record health information of offenders at intake through self-report interviews. In addition, blood pressure and height and body weight are measured.
- Individual health conditions were collapsed according to their respective system or health issue.

- Social determinants extracted from the offender management system files. Six broad categories:
  - Aversive early childhood experiences
  - Low education
  - Unstable employment
  - Financial instability
  - Unstable accommodation, and
  - No or few social supports.
DATA ANALYSES

• Bivariate analysis of each social determinant for each system
• Based on the bivariate results then multivariate regressions run for each system.
Results

Percentage of Population with Physical Health Conditions at Admission

<table>
<thead>
<tr>
<th>Physical Health Condition</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any health condition(^a)</td>
<td>61</td>
</tr>
<tr>
<td>Central nervous system(^b)</td>
<td>36</td>
</tr>
<tr>
<td>Musculoskeletal system(^c)</td>
<td>25</td>
</tr>
<tr>
<td>Respiratory system(^d)</td>
<td>17</td>
</tr>
<tr>
<td>Cardiovascular system(^e)</td>
<td>14</td>
</tr>
<tr>
<td>Blood borne viruses(^f)</td>
<td>9.8</td>
</tr>
</tbody>
</table>
## Social determinants: Prevalence

<table>
<thead>
<tr>
<th>Social Determinants Factor</th>
<th>All</th>
<th>Ancestry</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>Non- Aboriginal (N=1,774)</td>
</tr>
<tr>
<td>Early Life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relations with parents negative</td>
<td>43.05</td>
<td>37.8</td>
</tr>
<tr>
<td>Abused during childhood</td>
<td>35.4</td>
<td>28.7</td>
</tr>
<tr>
<td>Witnessed family violence</td>
<td>33.5</td>
<td>26.1</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than grade 10</td>
<td>55.9</td>
<td>54.3</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job history unstable</td>
<td>69.1</td>
<td>65.9</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial instability</td>
<td>60.8</td>
<td>58.5</td>
</tr>
<tr>
<td>Has used social assistance</td>
<td>56.3</td>
<td>51.7</td>
</tr>
<tr>
<td>Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unstable accommodation</td>
<td>32.0</td>
<td>28.1</td>
</tr>
<tr>
<td>Social supports all limited&lt;sup&gt;a&lt;/sup&gt;</td>
<td>24.1</td>
<td>20.1</td>
</tr>
</tbody>
</table>
### Results: Regression models

<table>
<thead>
<tr>
<th>Model and Covariates</th>
<th>Odds Ratio</th>
<th>95% C.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Central Nervous System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal Ancestry: Aboriginal vs. Non-Aboriginal</td>
<td>1.33*</td>
<td>1.06</td>
</tr>
<tr>
<td>Age: 50+ vs. &lt;50</td>
<td>0.87&lt;sup&gt;ns&lt;/sup&gt;</td>
<td>0.66</td>
</tr>
<tr>
<td>Abused during childhood</td>
<td>1.59***</td>
<td>1.30</td>
</tr>
<tr>
<td><strong>Model χ²(df)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>34.76 (3)***</td>
<td></td>
</tr>
<tr>
<td><strong>Cardiovascular System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal Ancestry: Aboriginal vs. Non-Aboriginal</td>
<td>1.03&lt;sup&gt;ns&lt;/sup&gt;</td>
<td>0.74</td>
</tr>
<tr>
<td>Age: 50+ vs. &lt;50</td>
<td>4.53***</td>
<td>3.32</td>
</tr>
<tr>
<td>Has less than grade 10</td>
<td>0.67**</td>
<td>0.51</td>
</tr>
<tr>
<td>Financial instability</td>
<td>0.71*</td>
<td>0.54</td>
</tr>
<tr>
<td><strong>Model χ²(df)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>110.81 (4)***</td>
<td></td>
</tr>
</tbody>
</table>
## Regression models

<table>
<thead>
<tr>
<th>Model and Covariates</th>
<th>Odds Ratio</th>
<th>95% C.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respiratory System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal Ancestry: Aboriginal vs. Non-Aboriginal</td>
<td>0.70*</td>
<td>0.52</td>
</tr>
<tr>
<td>Age: 50+ vs. &lt;50</td>
<td>1.02ns</td>
<td>0.71</td>
</tr>
<tr>
<td>Job history has been unstable</td>
<td>1.58**</td>
<td>1.19</td>
</tr>
<tr>
<td>Relations with parental figure were negative</td>
<td>1.38*</td>
<td>1.08</td>
</tr>
<tr>
<td><strong>Model χ²(df)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>22.41 (4)**</td>
<td></td>
</tr>
<tr>
<td><strong>Musculoskeletal System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal Ancestry: Aboriginal vs. Non-Aboriginal</td>
<td>0.84ns</td>
<td>0.65</td>
</tr>
<tr>
<td>Age: 50+ vs. &lt;50</td>
<td>1.95***</td>
<td>1.45</td>
</tr>
<tr>
<td>Used social assistance</td>
<td>1.39**</td>
<td>1.11</td>
</tr>
<tr>
<td><strong>Model χ²(df)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>29.33 (3)**</td>
<td></td>
</tr>
</tbody>
</table>
## Regression models

<table>
<thead>
<tr>
<th>Model and Covariates</th>
<th>Odds Ratio</th>
<th>95% C.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood borne viruses(^e)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal Ancestry: Aboriginal vs. Non-Aboriginal</td>
<td>1.27(^{ns})</td>
<td>0.88</td>
</tr>
<tr>
<td>Age: 50+ vs. &lt;50</td>
<td>1.90(^{**})</td>
<td>1.21</td>
</tr>
<tr>
<td>Has used social assistance</td>
<td>2.47(^{***})</td>
<td>1.63</td>
</tr>
<tr>
<td>Financial instability</td>
<td>2.79(^{***})</td>
<td>1.82</td>
</tr>
<tr>
<td>Abused during childhood</td>
<td>1.75(^{**})</td>
<td>1.18</td>
</tr>
<tr>
<td>Witnessed family violence during childhood</td>
<td>1.69(^{**})</td>
<td>1.14</td>
</tr>
<tr>
<td>Model (\chi^2(df))</td>
<td>101.69 (6)(^{***})</td>
<td></td>
</tr>
</tbody>
</table>
• Abused during childhood and an indicator of financial insecurity were the most consistent factors related to adverse health outcomes for offenders.
• These results are similar to other studies in the general population showing the key role of childhood adversity and exposure to trauma in adult health outcomes.
• There is a well-established literature on the impact of economic deprivation on health.
• Canada has relatively high rates of child poverty compared to other OECD nations (placing it 20th of 30 wealthy developed nations) and poor access to regulated childcare across the country limits the quality of early childhood development, particularly for more marginalized groups.

• Comprehensive early childhood education program would be the single best means of improving Canadian health outcomes.

• As Marmot observed, “If the major determinants of health are social, so must be the remedies” (Marmot, 2005, p. 1103).
Application of Findings

• What do the results mean for offenders health planning?
  – Parenting programs
  – Health education
  – Substance abuse treatment and harm reduction practices to prevent IDU infections
Questions?

Lynn Stewart
Research@csc-scc.gc.ca