

Policy Brief
Canadian House of Commons' Standing Committee on the Status of Women
Indigenous women in the federal justice and correctional systems

**See Appendix for International and Canadian evidence to support recommendations A-G contained in this document.*

A. Mother-Child Relationships

- Recent epigenetic evidence demonstrates that a newborn's attachment to his/her mother is critical to her/his long-term healthy development.
- Mothers who care for children while serving their sentences have reduced recidivism rates compared with mothers who have had their children apprehended.
- The BC Supreme Court ruling, Dec 2013, affirmed the constitutional rights of infants to stay with their incarcerated mothers.
- Working to keep families together aligns with the recommendations of the Truth and Reconciliation Commission, and with the United Nations Declaration on the Rights of Indigenous Peoples.

Recommendations:

1. Put in place policies that seek supportive community alternatives to custody for women who are expected to give birth while in custody, or who are the primary caregivers of dependent children.
2. Support the implementation of mother-child units across P/T/F correctional facilities, and their expansion to include infants who were born prior to a mother's incarceration.
3. Ensure that all social workers and correctional staff receive education and training about the '*Guidelines for the Implementation of Mother-Child Units in Canadian Correctional Facilities*'. <http://goo.gl/wRrDs6>
4. Ensure that health and social supports are in place for women (and their dependent children) when women are released from Canadian correctional centres.
5. Offer trauma-informed attachment-based parenting programs to all incarcerated Indigenous women.

B. Past Trauma and Health

- Incarcerated women have a higher prevalence of adverse childhood events (ACE) and traumatic life-events compared with the general population.
- An individual's ACE score directly correlates with poor health outcomes in adulthood.
- Incarcerated individuals have high rates of Post-Traumatic Stress Disorder and Mental Illness.
- The impacts of colonization and residential schools have resulted in a high numbers of incarcerated Indigenous women, who experience high prevalence of ACE and PTSD.

Recommendations:

6. All correctional facility activities in Canada should be informed by understanding the impact of ACE and trauma on an individual's mental and physical health.
7. Provide cultural competence and trauma-informed training for all correctional and health care workers.
8. Fund a study to examine ACE and past-trauma among incarcerated Indigenous people in Canada, with a gender-based analysis of findings and of the resultant recommendations.

C. Participatory Approaches

- Community-based participatory research changes the top-down dynamic within traditional research approaches, allocating decision-making power to the target population to decide what research questions need to be addressed, how the research should be undertaken, and how the results will be communicated.
- Within the prison context, this is a radical departure from an authoritarian correctional approach.
- Incarcerated people who are involved in participatory health research, with peer leaders, are more engaged and have more positive outcomes than those involved in more passive research methodologies.

Recommendations:

9. Support Correctional Service Canada to conduct more participatory health research as well as to collaborate with other community-based participatory research organizations.

D. Reintegration

- In addition to education, skills training, and employment preparation programs in correctional facilities, specific needs around the reintegration of incarcerated Indigenous women into communities must be addressed.

- Unmet health needs are foundational to the social determinants of health, such as housing, education, employment, personal documentation, transfer of medical files from inside, and these directly impact recidivism and ongoing social exclusion.
- At CCPHE, we found that peer health mentors are important for the (re)integration of formerly incarcerated Indigenous women into the community.

Recommendations:

10. Support P/T/F programs to match peer health mentors with lived incarceration experience with Indigenous women who are being released from correctional facilities.
11. Support P/T/F correctional facilities to conduct more robust reintegration planning, taking into consideration women's individual goals/needs that are related to the social determinants of health.

E. Harm Reduction

- Incidence of HIV in Canadian prisons is approximately 10 times greater than the general population, associated with sharing needles for injection drug use; harm reduction reduces spread.
- Harm reduction tools in the prison setting, including syringe and needle exchange programs, are needed to reduce the spread of HIV, Hep C, and blood-borne infections in prisons.
- Most individuals leaving prison are opiate naïve, meaning they used opiates before incarceration, were abstinent during their sentence, and now have a lower tolerance, leaving them vulnerable to overdose.
- Training in 'Take Home Naloxone' (the opioid reversal drug) combats the risk of deaths due to overdose.

Recommendations:

12. Implement a pilot needle and syringe program in a Canadian federal correctional facility with the intention of expanding the program if demonstrated to be successful.
13. Invest in naloxone training for all front-line correctional staff and incarcerated individuals in federal correctional facilities.

F. Segregation and Mental Health

- For any reason it is used, solitary confinement has demonstrably negative health impacts.
- Mental illness, and especially suicidality, is compounded by the use of segregation, increasing the risk of self-injury and death.
- Indigenous people and those living with mental illness and substance use disorders are more likely to be placed in segregation than other incarcerated people.
- The United Nations considers any stay in solitary confinement over 15 days as torture, but negative consequences of sensory deprivation can be seen 48 hours after segregation.

Recommendations:

14. Implement the recommendations of the College of Family Physicians of Canada: a) Abolish solitary confinement (for mentally ill, for youth, for administrative and discipline reasons, for medical reasons); b) Until solitary confinement is abolished, correctional facilities should develop and implement independent review of all those in solitary confinement. http://www.cfpc.ca/uploadedFiles/Directories/Committees_List/Solitary%20Confinement_EN_Prison%20Health.pdf

G. Preventive and Public Health

- Incarcerated individuals should have access to healthcare that is an equivalent standard to that available in the community.
- "Prison health is general public health", because the correctional population is not static.
- Incarceration is an opportunity to screen for cancer, cardiovascular disease, and diabetes; assess diet, exercise, and tobacco use; address persistent health concerns (e.g. substance use disorders, mental and chronic health).
- Emerging evidence suggests that when incarcerated individuals are supported to achieve their health and social goals, criminal recidivism decreases and community (re)integration improves.

Recommendations:

15. Invest in P/T/F correctional healthcare delivery to provide equitable, timely and comprehensive preventive healthcare to all incarcerated people.
16. Support policy to increase integration of healthcare inside correctional facilities with the Canadian healthcare system. WHO recommends healthcare delivery for incarcerated population should be under Ministry of Health jurisdiction.