

News Release

Prisons are a Failed Experiment [Especially for Women]

Date: May 14, 2003 – Ottawa – On March 8, 2001, the Canadian Association of Elizabeth Fry Societies (CAEFS) and the Native Women’s Association of Canada (NWAC) wrote to the Canadian Human Rights Commission (CHRC) about the human rights violations experienced by women in Canadian prisons. The CHRC decided to conduct a broad-based systemic review and issue a special report regarding the treatment of women prisoners in Canada. This review has attracted national and international attention. In February, equality-seeking groups made oral submissions to the Commission. Yesterday, 11 organizations submitted briefs to the Commission calling for an end to the discriminatory treatment of women.

“The Canadian government has failed to remedy the well-documented ongoing violations of the human rights of women prisoners, who are discriminated against on the basis of sex, race and disability,” advises Dr. Ailsa M. Watkinson, the President of the Canadian Association of Elizabeth Fry Societies. “Despite international obligations and the recognition that Canada owes a special duty to prisoners, especially Aboriginal women, correctional law and policies blatantly discriminate against all women, most notably Aboriginal women and women with disabilities,” continues Dr. Watkinson.

“For example, being Aboriginal means you are seen as higher risk, being poor means you are seen as higher risk, being disabled means you are seen as higher risk. All of this results in women receiving a higher security classification, so if you are a poor, Aboriginal woman with a disability, they literally throw away the key,” adds Kim Pate, the Executive Director of the Canadian Association of Elizabeth Fry Societies. “Worse still, she is likely to spend most, if not all, of her sentence in isolation and she may never be released from prison at all,” says Pate.

“The Commission has received reports about women who have spent virtually their entire prison sentences, some of more than 10 and 15 years, in segregated conditions, isolated from other prisoners, with limited access to services, programs, and living in cells the size of most people’s bathrooms,” continued Kim Pate.

“Women are the fastest growing prison population world wide and the Canadian government is making this situation worse by its failure to address such contributing factors as the impact of the lack of national standards for social services and health care, which have resulted in the near destruction of our social safety net”, adds Dr. Watkinson.

“Women with the most severe mental health issues are languishing in isolation. Others are bounced back and forth between solitary confinement in prison and locked forensic units in psychiatric hospitals. They are being repeatedly punished for their mental illness. In terms of Aboriginal women prisoners, the government’s own statistics reveal the discrimination.

Aboriginal women represent between 1 and 2% of the Canadian population, yet they are 27% of the women serving federal prison sentences and about half of the women classified as maximum security prisoners. Self injury and suicide are the first ways that women tend to respond to isolation.

With the increased surveillance, in desperation women start to strike out against each other and staff – we know that historically the more desperate the prison situation – which we have detailed in our submissions to the Commission – suicides and hostage taking become the prisoner’s last resort. By failing to remedy these situations, the government is complicit in the increasing relegation of more women to the street, jail or death,” states Pate.

“We expect the Commission to be pro-active and direct the government of Canada to take immediate action to end the discrimination. In order to prevent further harm and injustice to the women, we expect the Commission to ensure meaningful change. This requires arms-length and independent accountability mechanisms, compensation for rights violations and the closure of the new segregated maximum units for women”, concludes Dr. Ailsa M. Watkinson.

- 30 -

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