



SUBMISSION TO THE UN HUMAN RIGHTS COMMITTEE (ICCPR)

Canada – Seventh Periodic Review

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Submitting organizations and individuals: The Canadian Association of Elizabeth Fry Societies (CAEFS) along with Raji Mangat (as an individual), with input from Prisoners' Legal Services. CAEFS also received input from the Disabled Women's Network of Canada (DAWN) on the section entitled "Persons with Disabilities and Accessibility."

Endorsed by:

The Women's National Housing and Homelessness Network

The John Humphrey Centre for Human Rights

Righting Relations

South Asian Legal Clinic of Ontario

NOTE ON APPROACH

In addition to traditional sources for citation, this submission includes excerpts selected from CAEFS' systemic advocacy letters published during calendar year 2025. These letters reflect on-the-ground evidence sourced through our thorough documentation of the same concerns we have identified year over year for decades. Throughout our submission, wherever applicable, Federal prisons for women are identified collectively as "federal prisons designated for women." We are also using person-centered language throughout that does not reflect the language used in Canadian laws and the policies and other guidance prepared by the Correctional Service of Canada (CSC).

In order to incorporate the experiences of people incarcerated in the prison's designated for men, CAEFS received input from Prisoner's Legal Services (PLS), a legal clinic that works to help all people in federal and provincial prisons across British Columbia (a province in Canada) have their dignity and rights respected. PLS assists incarcerated individuals with issues that impact their residual liberty rights (such as solitary confinement) as well as human rights and healthcare concerns.



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INTRODUCTION AND EXECUTIVE SUMMARY

This submission is prepared by the Canadian Association of Elizabeth Fry Societies (CAEFS) in advance of Canada's Seventh Periodic Review under the International Covenant on Civil and Political Rights (ICCPR). It draws on CAEFS' decades-long advocacy alongside criminalized women and gender-diverse people, including those incarcerated in federal prisons designated for women, and integrates on-the-ground evidence from CAEFS' systemic advocacy letters published throughout 2025. It also incorporates newly released national incarceration indicators from Statistics Canada (January 2026), which confirm persistent and severe patterns of discriminatory incarceration in Canada. Since its founding in 1978, CAEFS has maintained a continuous relationship with federal prisons designated for women in Canada. In 1990, CAEFS was a co-creator of *Creating Choices: The Report of the Task Force on Federally Sentenced Women*. More than three decades after its release, the conditions and systemic harms identified in that foundational report remain not only unresolved but, in many respects, have intensified. CAEFS' evidence demonstrates that incarceration in Canada continues to operate as a gendered and racialized system of social control, producing foreseeable and preventable harm—particularly for Indigenous women, Black women, and gender-diverse people. This submission urges the Committee to assess Canada's compliance with the Covenant not only through the lens of preventing abuse in custody, but through Canada's affirmative obligation to reduce reliance on imprisonment where incarceration predictably results in loss of life, physical and psychological harm, discrimination, and denial of effective remedies.

Key concerns documented in this submission include:

- **Persistent mass incarceration of Indigenous Peoples**, particularly Indigenous women and gender-diverse people, alongside the continued disproportionate representation of Indigenous and Black people in federal prisons, in violation of Articles 2, 3, 9, 10, 26, and 27 of the Covenant.
- **Discriminatory classification and correctional decision-making**, including the over-classification of Indigenous women and gender-diverse people to higher security levels, prolonged incarceration, and restricted access to release, resulting in intensified isolation and harm.
- **Ongoing use of solitary confinement and solitary-equivalent practices**, including Structured Intervention Units (SIUs), modified movement, prolonged lockdowns, dry cells, medical observation, and maximum-security units in prisons designated for women, despite well-documented harms and international prohibitions (Arts. 7, 9, 10).
- **Inhumane and degrading conditions of confinement**, including unsafe and insufficient food, unaffordable hygiene and menstrual products, extreme heat, unsafe water, and barriers to timely and continuous health care, engaging Articles 6, 7, and 10.



- **Sexual violence and staff-perpetrated sexual coercion in custody**, compounded by power imbalances, fear of retaliation, lack of independent reporting mechanisms, and the absence of meaningful data collection or investigation, particularly in federal prisons designated for women (Arts. 2(3), 7, 9, 10).
- **Systemic barriers to access to justice and effective remedies**, including ineffective grievance processes, delayed or denied disclosure, privacy breaches, fear of reprisals for reporting abuse, and impacts on parole and classification outcomes (Arts. 2(3), 14, 17).
- **Widespread discrimination against people with physical, mental, intellectual, and cognitive disabilities**, including inaccessible prison environments, punitive responses to disability-related distress, and denial of community-based health care alternatives (Arts. 2, 7, 10, 26).
- **Denial and undermining of Indigenous cultural rights in custody**, including mishandling of sacred items, barriers to Elders and ceremony, forced transfers, and failure to meaningfully fund and use Indigenous-run alternatives to imprisonment (Art. 27).
- **Serious right-to-life concerns**, including accelerated aging, preventable deaths, and the risk that Medical Assistance in Dying (MAID) is accessed in conditions of state-created suffering, coercion, and inadequate care, without independent oversight (Art. 6).
- **Persistent accountability gaps**, including the absence of binding oversight of the CSC, failure to ratify OPCAT, and lack of independent investigation of deaths, sexual violence, and MAID cases in custody.

Key recommendations:

1. Ratification and implementation of OPCAT, alongside the establishment of binding oversight mechanisms requiring the CSC to act on findings and recommendations issued by independent oversight bodies, including the OCI.
2. Immediate abolition of solitary confinement and solitary-equivalent practices, including through SIUs, modified movement, voluntary limited association ranges, suicide observation cells, “quiet-rooms”, dry cells, maximum-security units in prisons designated for women, and population-wide lockdowns, and full compliance with the Nelson Mandela Rules.
3. Measurable decarceration targets, including expanded non-custodial sentencing and release pathways, particularly for Indigenous women and gender-diverse people.



4. Full and appropriately resourced implementation of sections 81 and 84 of the *Corrections and Conditional Release Act (CCRA)*, with funding parity and meaningful transfer of authority and decision-making to Indigenous communities, consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Calls for Justice of the National Inquiry into Missing and Murdered Indigenous Women and Girls.
5. As a first step toward Indigenous self-determination, the transfer of one-third of CSC's annual \$3 billion budget, approximately \$1 billion dollars, directly to Indigenous governments and organizations to support autonomous, Indigenous-operated alternatives to incarceration and independent Indigenous services for Indigenous Peoples in custody and on conditional release.
6. Guarantees of fully independent, timely, community-standard health care, free from coercion or security-driven interference, including protections against treatment interruptions that foreseeably jeopardize life and dignity and an infrastructure that supports health providers to protect their patients from harm.
7. Ensure that MAID is never used as a substitute for care, accommodation, or release, and that all decisions occur outside coercive custodial environments with full independent oversight.
8. Elimination of practices that worsen health and wellbeing, including punitive and degrading responses by prison authorities (such as violent force and isolation) to distress and symptoms of mental health disability, including self-harm.
9. Reallocation of resources from incarceration to upstream social supports, including housing, income security, mental health care, disability supports, and community-led services, recognizing that substantive equality under the Covenant cannot be achieved while structural drivers of imprisonment remain unaddressed.

CAEFS' evidence shows that the harms documented in federal prisons, including prisons designated for women, are not isolated failures, but the predictable outcome of an incarceration-based response to poverty, trauma, disability, colonialism, and gender-based violence. Meaningful compliance with the Covenant therefore requires not only improvements to conditions of confinement, but a fundamental shift away from incarceration as a default response and toward decarceration, community-based supports, and binding human rights accountability.

CAEFS' PERSPECTIVE ON PRISONS AND STATE OBLIGATIONS

At the outset, it is important to note that consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and Canada's 2023–2028 UNDRIP Act Action Plan, CAEFS emphasizes Indigenous self-determination and the redirection of resources and authority to impacted communities, including through community-led, non-carceral responses.



Since its origin, imprisonment in Canada has operated as a continuing, persistent system of gendered and racialized social control that produces predictable harms—particularly for Indigenous women and gender-diverse people. Since CAEFS’ founding in 1978, it has documented unlawful and degrading conditions inside Canada’s federal prisons designated for women.

From its early days, CAEFS has maintained a continuous relationship with the federal prisons designated for women. CAEFS has advocated alongside people incarcerated in federal prisons designated for women since the era of the Prison for Women (P4W) in Kingston, Ontario, which was the sole federal prison designated for women from 1934 until its closure in 2000. CAEFS’ involvement has extended beyond external monitoring: CAEFS was also a co-architect of the most significant reform effort in the history of women’s federal “corrections” in Canada.

In 1990, CAEFS co-chaired the Task Force on Federally Sentenced Women that produced *Creating Choices: The Report of the Task Force on Federally Sentenced Women* (Creating Choices). The Task Force was unprecedented in its composition and approach, bringing together formerly incarcerated women, Indigenous women, community advocates, and correctional officials. Creating Choices explicitly rejected the male-model penitentiary system and called for the closure of the Prison for Women, the creation of small, community-integrated regional facilities (including an Indigenous Healing Lodge), and a women-centered framework grounded in empowerment, dignity, meaningful choice, a supportive environment, and shared responsibility for reintegration.

Although the federal government formally accepted *Creating Choices*, its implementation was partial and disjointed. The closure of the sole Prison for Women and the construction of five regional prisons—referred to as “regionalization”—proved to be the only aspect of the framework that was fully realized, and even then, not as intended. Rather than reducing the harms of incarceration, regionalization entrenched new forms of isolation, over-classification, and institutional control, while severing many women and gender-diverse people from their families, communities, Indigenous Nations, and culturally appropriate supports. As documented extensively by CAEFS and later confirmed by the OCI, the guiding principles of *Creating Choices* were never operationalized in day-to-day correctional practice, and the conditions within regional prisons reproduced—and in many cases intensified—the harms they were meant to remedy.

As prisons were regionalized, CAEFS’ advocacy necessarily transformed. In response to the geographic dispersal of incarceration sites, CAEFS established its regional advocacy program, initially engaging volunteer advocates across the five regions – the Atlantic, Quebec, Ontario, Prairies, and Pacific - to maintain direct, ongoing access to federal prisons designated for women. For more than two decades now, CAEFS regional advocacy teams have conducted regular prison monitoring visits, which include meeting with incarcerated people, peer advocates (who are incarcerated people trained and supported by CAEFS), wardens, and oversight bodies. Each visit produces formal advocacy letters, which document systemic conditions. The advocacy letters are then circulated to the national headquarters of the Correctional Service Canada (CSC) the Office of the Correctional Investigator (OCI), the Canadian Human Rights Commission (CHRC), Parliamentarians, and other interested parties. This model is rooted in a feminist, rights-based, and anti-oppressive framework.



This submission draws on that long-standing, uninterrupted relationship. It reflects CAEFS' unique position as both a co-creator of Canada's women's correctional policy framework and a front-line witness to its sustained failure. The evidence presented herein demonstrates that the harms identified at the Prison for Women persist under regionalization, and that decades of reform efforts have neither resolved unlawful conditions nor reduced the structural violence inflicted on Indigenous women, Black women, and gender-diverse people. CAEFS therefore approaches this review not merely as an overseer of prison conditions, but as an organization whose historical mandate, lived proximity, and accumulated evidence compel a fundamental shift away from incarceration and toward decarceration, community-based responses, and binding human rights accountability.

CAEFS urges compliance with international and domestic human rights standards, protection for the constitutional rights and fundamental freedoms of incarcerated people through robust application of the Canadian Charter of Rights and Freedoms, the common law and administrative law principles of procedural and substantive fairness. However, CAEFS' core and uncompromising position is that prisons are structurally incapable of delivering dignity, safety, health, and equality for the communities most targeted by criminalization. Accordingly, CAEFS advocates for shrinking prisons out of existence through sustained decarceration, the expansion of non-carceral responses, and major, sustained upstream public investment in housing, income security, culturally grounded supports, mental health care, disability supports, and community-led healing and accountability.

In this submission, CAEFS therefore links conditions of confinement to the broader drivers of mass incarceration and urges the Committee to frame Canada's ICCPR obligations holistically, not only as limited to preventing abuse in custody, but also as reducing reliance on incarceration as a default response to social inequities, trauma, disability, poverty, and colonial harms.

UPDATED STATISTICAL CONTEXT (STATISTICS CANADA) – MEASURING MASS INCARCERATION AND OVERREPRESENTATION

Newly released data from Statistics Canada in the form of an overrepresentation index provides the most comprehensive analysis of population-based involvement in the prison system. This index presents combined federal, provincial, and territorial data on prisons and jails (where available) with controls for age and gender, allowing for year-over-year tracking. The index also allows for disaggregation of the non-Indigenous population into white and racialized populations. Statistics Canada's recent analysis confirms severe and persistent discriminatory incarceration outcomes.

These indicators quantify a broader crisis of mass incarceration and systemic discrimination, particularly for Indigenous women and gender-diverse people:

- In 2023/2024, Indigenous adults were incarcerated at 10.2 times the rate of non-Indigenous adults in the six reporting provinces with available data (Prince Edward Island, Nova Scotia, Ontario, Saskatchewan, Alberta and British Columbia).



- Indigenous adults constituted 33.2% of the custodial population in those provinces while representing 4.3% of the adult population.
- Overrepresentation was significantly greater for Indigenous women (overrepresentation index 18.2) than for Indigenous men (9.6).
- In four provinces with disaggregated data (Nova Scotia, Ontario, Alberta and British Columbia), Black adults were incarcerated at three times the rate of white adults, with an overall Black overrepresentation index of 3.0.

These findings echo the OCI's long-standing statistical reporting on federal corrections, which has consistently documented the severe and disproportionate representation of Indigenous Peoples—particularly Indigenous women—and Black people in custody. Across successive Annual Reports, the OCI has identified Indigenous overrepresentation, prolonged incarceration, higher security classification, and disproportionate exposure to restrictive conditions as persistent structural features of Canada's prison system rather than temporary or anomalous trends. The convergence between Statistics Canada's population-based overrepresentation index and the OCI's institutional data underscores that discriminatory incarceration outcomes are systemic, foreseeable, and well-documented in Canada.

CAEFS notes that Canada's this improved statistical measurement on incarceration disparities can support monitoring and accountability; however, measurement alone does not reduce harm, and meaningful compliance with the Covenant requires urgent decarceration and upstream investment to shrink prisons out of existence.

1. INSTITUTIONAL AND LEGAL FRAMEWORK (ARTS. 2, 3)

1.1 Lack of binding power of CSC external oversight bodies

There exist no external oversight bodies in Canada with legal or binding power to demand accountability and transparency from the CSC. All recommendations made to CSC by external oversight bodies such as those of the OCI, the Structured Intervention Unit Implementation Advisory Panel, and Coroner's Inquests are nonbinding. CSC is under no legal obligation to change or review internal policies and procedures based on recommendations by these external oversight bodies. Thus, mechanisms aimed at improving CSC's compliance with international and domestic laws, norms and standards are without power to enact meaningful, substantive change or provide proper measures of accountability to incarcerated people and the public at large.

Without binding power, the issues for which these oversight bodies were created remain ever-present within the federal penitentiary system, including the continuous practice of segregation through medical observation, modified movement, and secure units in federal prisons designated for women, and the preventable deaths of incarcerated persons while in the care of CSC. To date, Canada has not



ratified the *Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT)*, despite promises to do so.

The depth of this accountability failure is further reflected in the early departure of Ivan Zinger, who left his position as Canada's Correctional Investigator approximately two years before the end of his mandate. In public statements, Mr. Zinger cited sustained frustration with the lack of meaningful action by the CSC in response to the OCI's findings and recommendations, and with an oversight framework that relies on moral persuasion rather than enforceable obligation. His departure underscored the structural reality that even persistent, evidence-based oversight—documenting deaths in custody, unlawful isolation practices, and systemic discrimination—has failed to produce compliance or reform in the absence of binding authority, reinforcing serious concerns about Canada's ability to prevent foreseeable harm and ensure effective remedies under the Covenant.

1.2 Failure to ensure effective remedies and meaningful access to justice (Art. 2(3))

Incarcerated people face extensive barriers to accessing justice that undermine and impede meaningful access to effective remedies. These barriers range from those associated with facilitating client-counsel relationships (such as, delays and overly burdensome procedures for meetings with counsel) to impeding proper process by providing incomplete or delayed disclosure of relevant materials in CSC's custody or unduly burdensome internal complaint processes, and fear of retaliation or reprisals.

These barriers mirror concerns raised by the UN Special Rapporteur on the rights of Indigenous Peoples, who found that fear of reprisals, lack of independent grievance mechanisms, and limited access to remedies within correctional settings significantly undermine Indigenous Peoples' ability to access justice in Canada.

1.3 Transparency, consultation, and access to information (Arts. 2, 3)

CAEFS' 2025 systemic advocacy letters document repeated reports that key processes and decisions are implemented without meaningful consultation or accessible information. People reported confusion and adverse impacts when institutional information is outdated or inconsistently communicated, including reports that discrepancies in institutional rules and communications contributed to punitive outcomes.

In addition, people reported that consultation on changes to rules and directives can be rushed, with committee representatives indicating they are not provided sufficient time to review and provide feedback and feel pressured to "sign off" without meaningful input. Widespread and lengthy delays in CSC's access to information and privacy office and the frequent failure to meet legislated timeframes for records requests restrict incarcerated people's access to their own records (including health records) and other information.



2. EQUALITY AND NON-DISCRIMINATION (ARTS. 2, 26) AND GENDER EQUALITY (ART. 3): MASS INCARCERATION AS DISCRIMINATION

2.1 Discriminatory impacts of incarceration and correctional decision-making: classification, risk, and the criminalization of Indigenous identity

CAEFS frames the scale of the incarceration of Indigenous Peoples and the disproportionate number of Indigenous people in prison as mass incarceration. The overrepresentation index for Indigenous women (18.2) is not only a statistic; it reflects a system that criminalizes survival, reproduces colonial harms, and entrenches gendered and racialized poverty, trauma, disability, and family separation. Canada's obligation is therefore to measurably reduce the number of Indigenous women and gender-diverse people in custody, not merely to manage their confinement conditions.

The indicators summarized above underscore that Canada's correctional system continues to produce discriminatory outcomes and sustain a crisis of mass incarceration, especially for Indigenous women and gender-diverse people. CAEFS' monitoring in federal prisons designated for women highlights how discriminatory outcomes are reinforced through over-classification, restricted access to programming and release pathways, and economic marginalization during incarceration.

The findings set out above are consistent with the conclusions of the United Nations Special Rapporteur on the rights of Indigenous Peoples following his 2023 country visit to Canada. In paragraphs 42 to 49 of his report, the Special Rapporteur characterized the over-incarceration of Indigenous Peoples as a persistent human rights violation rooted in colonial policies, systemic discrimination, and barriers to access to justice. He emphasized that Indigenous Peoples are not only disproportionately imprisoned, but they are also subjected to structural obstacles within the criminal legal system, including ineffective and inaccessible complaint mechanisms, fear of reprisals for reporting abuse by CSC staff, and limited access to culturally appropriate legal and rehabilitative supports.

The Special Rapporteur further underscored that reliance on incarceration—particularly in restrictive and isolating conditions—continues to undermine Indigenous Peoples' rights to equality, dignity, and self-determination, and fails to meet Canada's obligations under international human rights law. These findings reinforce CAEFS' position that Canada's compliance with the Covenant requires measurable reductions in Indigenous incarceration, the effective use of non-custodial and community-based alternatives, and the full, resourced implementation of sections 81 and 84 of the CCRA, as a matter of legal obligation rather than policy discretion.

Data shows that Indigenous people are more likely to be classified to high security prisons, and they spend more of their sentences in prison and have less access to community release than non-Indigenous people.

Indigenous women and gender-diverse people report being systematically over-classified in federal prisons designated for women. Correctional classification tools routinely interpret Gladue-context



factors—such as intergenerational and colonial trauma, child welfare involvement, poverty, disability, community dislocation, and experiences of violence—as indicators of elevated 'risk.' In practice, the very factors that sentencing courts recognize as mitigating become grounds for harsher security decisions, reduced program access, delayed release eligibility, and more punitive and isolating daily conditions.

In addition, CAEFS receives reports that Indigenous people are frequently and automatically assumed to be gang-affiliated based on Indigeneity or community associations. These assumptions heighten security ratings, trigger additional surveillance and restrictions, and create barriers to transfers and reintegration planning. The reality is that Canada's colonial disenfranchisement has necessarily created untenable situations for people's survival. Being "gang-affiliated" is nuanced and what it actually means can vary.

CAEFS further documents that Indigenous women and gender-diverse people are often subjected to forced transfers across the country, frequently without consultation or adequate explanation. These transfers sever family connections, disrupt access to Elders and community supports, compromise cultural continuity, and undermine access to legal counsel, compounding the colonial harms of imprisonment and deepening the systemic discrimination inherent in the classification and placement system.

2.2 Gender identity and expression

CAEFS' advocacy documents a persistent gap between policy and practice when it comes to the rights of 2SLGBTQI people in the prisons designated for women. Advocates continue to receive reports of institutional records reflecting deadnames or incorrect sex markers, barriers to accessing gender-affirming clothing and personal items, and privacy breaches that expose gender-diverse people to heightened risk as well as limited access to gender-affirming health care and a lack of continuity between specialists/surgeons and CSC health care staff. In prisons designated for men and women, trans and gender-diverse people face isolation, violence and abuse, including from prison staff. These administrative and daily dignity violations occur within coercive custodial environments marked by power imbalances and inadequate independent reporting mechanisms, demonstrating that the commitments set out in the Federal 2SLGBTQI+ Action Plan have not been meaningfully implemented within the federal prison system and the policy assurances of safety, dignity, and respect for gender-diverse people are not borne out in practice.

3. VIOLENCE AGAINST WOMEN / GENDER-BASED VIOLENCE IN CUSTODY (ARTS. 7, 9, 10; ART. 3)

3.1 Sexual Violence in Prisons Designated for Women

CAEFS reiterates longstanding concerns regarding heightened vulnerability to sexualized violence in custody, the absence of robust independent reporting pathways, and the continuing use of invasive practices that are experienced as humiliating and degrading. These concerns must be understood in the context of power imbalances inherent in custody.



CAEFS remains concerned about the lack of data collection regarding staff perpetrated sexual violence in federal prisons designated for women. At present, Canada does not require CSC to track and make available any information about the occurrence of staff-perpetuated sexual violence. Without data, it is impossible to understand the frequency and severity of such violence or the populations most at risk within institutions, let alone make possible any national investigation or external oversight. As a result, CAEFS remains unaware of any studies, reports, or inquiries mandated to examine the occurrence of sexual coercion in federal prisons designated for women and no prospect of a strategy to combat sexual violence against people in prisons, an environment that is particularly susceptible to isolation and vast power imbalances inherent to incarceration.

CAEFS is aware of numerous incidents of staff-perpetuated sexual coercion or violence against incarcerated people. These incidents range from sexual harassment to sexual assault, including one sexual assault where the survivor did not report the incident for fear that speaking out about the assault would impact an upcoming parole hearing. A culture of impunity pervades CSC regarding sexual violence perpetrated by CSC staff against incarcerated people in federal prisons designated for women. Trans and gender-non-conforming people in institutions designated for men are also especially vulnerable to sexualized harassment and violence from or facilitated by prison staff.

These findings are consistent with the OCI's national investigation into Sexual Coercion and Violence in Federal Corrections, released as part of its 2019–2020 Annual Report. In that investigation, the OCI identified sexual coercion and sexual violence as among the most underreported and least effectively addressed harms in Canadian federal prisons, particularly in environments marked by extreme power imbalances between staff and incarcerated people. The Correctional Investigator documented widespread fear of retaliation, lack of confidence in internal reporting mechanisms, and an absence of independent, trauma-informed investigative pathways, concluding that these conditions foster a “culture of silence” and institutional impunity.

The OCI further emphasized that the CSC does not systematically collect or publicly report data on staff-perpetrated sexual violence, severely limiting accountability and oversight.

3.2 Lack of Action on the MMIWG Calls for Justice and National Action Plan

Despite the depth and urgency of findings from the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) and the subsequent articulation of Calls for Justice as legal imperatives, meaningful implementation within the federal prison context has remained limited. Core Calls for Justice directed at CSC—including the expansion and proper resourcing of sections 81 and 84 of the CCRA, the development of Indigenous-led and community-based alternatives to incarceration, and the reduction of Indigenous women's incarceration—have not been realized in practice. Instead, the number of Indigenous women and gender-diverse people in federal prisons has continued to grow. This increase is not just a reflection of sentencing practices, but of correctional policies and practices that keep Indigenous women and gender-diverse people in prison for longer periods of time and under harsher conditions than their non-Indigenous counterparts, including: persistent over-classification,



forced transfers, and barriers to culturally grounded release pathways documented year after year by oversight bodies and community advocates. This lack of movement reflects a broader pattern identified by the Inquiry itself: the translation of recommendations into plans without the corresponding transfer of authority, resources, and accountability necessary to change outcomes.

Similarly, Canada's National Action Plan to End Gender-Based Violence, while acknowledging the heightened vulnerability of criminalized women and gender-diverse people, has yet to produce concrete, measurable improvements for those subjected to carceral control. The Action Plan has not resulted in altered correctional practices that would meaningfully reduce exposure to gender-based violence in custody, nor has it addressed the structural conditions—such as isolation, invasive searches, staff power imbalances, and lack of independent reporting mechanisms—that make prisons inherently unsafe for women, Indigenous women, and gender-diverse people. The persistent gap between commitments on paper and lived conditions in federal prisons underscores CAEFS' position that gender-based violence cannot be effectively prevented within institutions designed around coercion and deprivation, nor can it be meaningfully responded to after it happens. Meaningful compliance with Canada's international human rights obligations therefore requires not only the acknowledgment of gender-based and colonial violence, but decisive movement away from incarceration as a response to harm.

4. RIGHT TO LIFE (ART. 6)

Conditions documented by CAEFS in federal prisons designated for women—including severe isolation practices, extreme heat, unsafe water situations, and barriers to timely health care—engage heightened positive obligations to protect life where foreseeable risks arise.

Research on aging and imprisonment in Canada demonstrates that incarceration produces accelerated aging and a markedly reduced life expectancy. People in federal prisons experience the health conditions of individuals in the community who are approximately 10 to 15 years older, reflecting a cumulative exposure to trauma, chronic stress, poverty, inadequate health care, along with institutional harm. As a result, the average life expectancy of people in federal custody is estimated at approximately 62 years, compared with approximately 82 years in the general Canadian population.

According to the research, the rapid aging of the prison population is therefore not a function of chronological age alone, but of premature physiological deterioration caused and exacerbated by incarceration itself. Older and chronically ill people in custody experience disproportionately high rates of mobility impairment, cardiovascular disease, respiratory illness, cognitive decline, and terminal illness, often in facilities that lack accessible infrastructure, appropriate medical equipment, or continuity of care. Continued reliance on incarceration for aging, medically vulnerable people—rather than release, community-based health responses, or compassionate alternatives—therefore raises serious concerns regarding foreseeability of harm and compliance with the right to life.

5. FREEDOM FROM TORTURE AND CRUEL, INHUMAN OR DEGRADING TREATMENT (ART. 7) AND HUMANE TREATMENT IN DETENTION (ART. 10)



5.1 Solitary-equivalent practices: modified movement, maximum-security units in federal prisons designated for women, lockdowns, and SIU conditions

CAEFS' 2025 advocacy letters document restrictive regimes that incarcerated people describe as producing segregation-like harms. In federal prisons designated for women, people described modified movement schedules and lockdown conditions as "restrictive" and "punitive," reported that these practices trigger memories from previous experiences of solitary confinement, and described resulting adverse mental health impacts.

CAEFS also received reports of prolonged, population-wide deprivation of movement, including periods where programs, school, and work were cancelled, and people had limited access to Elders, medicines, and timely communication.

With respect to Structured Intervention Units (SIUs), CAEFS received reports that "meaningful human contact" is frequently experienced as limited to interactions with staff and not peers, and therefore not experienced as meaningful given the power imbalance. CAEFS has also received reports of prolonged SIU stays with severe mental health impacts.

Specific examples include:

At one institution, people reported mould in SIU cells (including from vents) and degrading conditions in the medical observation cell (e.g., full toilet on arrival; lack of water cups; discontinuation of specialized diet).

One person placed in the SIU reported not being informed of the reasons for two days and noted no connection with mental health services in the placement paperwork.

At another institution, "modified movement" reportedly persisted for three weeks, confining people to living units for most of the day with only one hour of outdoor time.

CAEFS' findings align closely with the conclusions of the Structured Intervention Units Implementation Advisory Panel, the independent body mandated by the Minister of Public Safety to assess whether SIUs are operating as intended following the abolition of administrative segregation.

Across multiple reports, the Panel consistently found that SIUs failed to eliminate the harms associated with segregation, documenting prolonged stays, inadequate time out of cell, and the routine failure to provide the legislated requirement of "meaningful human contact." The Panel emphasized that interactions limited primarily to CSC staff do not satisfy this standard, particularly given the inherent power imbalance, and has concluded that such conditions continue to produce psychological deterioration, especially for people with mental health disabilities. The Panel further warned that SIUs have become embedded within broader institutional practices, such that segregation-like conditions are reproduced through lockdowns, modified movement regimes, and population-wide restrictions



beyond formally designated SIUs. CAEFS' documentation of restrictive movement, prolonged deprivation of programs and cultural supports, and severe mental health impacts in federal prisons designated for women corroborates the Panel's conclusion that legislative reforms have not ended solitary confinement in practice, and that Canada continues to rely on isolation-based measures.

5.2 Conditions of confinement: food insecurity, food quality, and food safety

In federal prisons designated for women, CAEFS continues to receive reports of food insecurity and unsafe food conditions, especially in maximum-security units. One person stated plainly: "We are always hungry up here." People described meals consisting primarily of "starchy fist-sized portions" with limited protein options.

CAEFS also received reports of food quality and safety concerns, including undercooked meat, food containing hair, and mouldy food items. People described these food conditions as "dehumanizing" and "inhumane."

5.3 Conditions of confinement: hygiene, menstruation, and basic necessities

CAEFS received reports that essential hygiene items are increasingly unaffordable in federal prisons designated for women. People reported that sunscreen can cost nearly \$14 and that toothpaste exceeds \$7, requiring multiple days of prison labour to purchase basic necessities, given that most incarcerated people earn approximately \$5 to \$6 per day before deductions, and substantially less in practice once mandatory room-and-board and other charges are applied. Floss was also reported as unavailable. CAEFS received reports that limits on menstrual products and access pathways are experienced as arbitrary and burdensome, including requirements for health care assessments to obtain additional products. Although there is a "hygiene" budget that is provided (\$7 per pay period) it does not change when menstrual product prices increase. These conditions effectively force people to choose between basic hygiene, health, and other necessities, compounding the degrading impacts of incarceration.

5.4 Conditions of confinement: extreme heat and unsafe physical environments

CAEFS' has documented significant heat-related concerns. People reported inability to sleep due to heat, adverse impacts on health and wellbeing, and limited access to cooling spaces, including concerns that cooling measures are inadequate and not equitably accessible across living units. In response to extreme heat conditions at the Edmonton Institution for Women (EIFW) for example, CAEFS initiated litigation challenging the failure of the CSC to provide humane conditions of confinement and to take timely, effective measures to mitigate foreseeable heat-related harm. That case underscores that the risks associated with extreme heat in custody are neither hypothetical nor isolated, and that Canada has been aware of the serious health and dignity impacts of inadequate temperature control in prisons designated for women. The decision from the Federal Court is pending.

5.5 Water safety and health impacts



In federal prisons designated for women, CAEFS received reports of illness and distress related to water safety issues and boil water advisories, including reports that bottled water provided was insufficient for all daily needs and that health care responses were delayed. This produces specific impacts on people who have lived on-reserve where water advisories are frequent and/or where people have become ill from drinking water. Given the number of Indigenous people in prison, the lack of access to clean water is experienced as another colonial harm.

6. LIBERTY & JUSTICE (ARTS. 9, 10, 14)

6.1 Health care and dental care (Arts. 7, 10)

CAEFS has consistently documented systemic barriers to accessing timely and adequate health and dental care in federal prisons designated for women. People have repeatedly reported denied or deferred requests for care, extended waitlists for dental services, and prolonged periods of unmanaged pain and infection. Dental care concerns are among the most frequently raised issues in CAEFS' regional advocacy letters, with reports of people waiting months—sometimes years—for assessment or treatment, only to have appointments cancelled or rescheduled multiple times without clear explanation. These delays have resulted in the worsening of dental conditions, unnecessary suffering, and, in some cases, the need for more invasive interventions than would have been required with timely care.

In addition to access barriers, CAEFS has documented persistent problems with continuity of care. People report experiencing medication changes without warning or informed consent, including abrupt switches in psychiatric medications, dosage reductions, or discontinuation of prescribed treatments. Interruptions to mental health medications—including antidepressants, mood stabilizers, and antipsychotics—have been reported during transfers, lockdowns, staffing shortages, or administrative delays, with predictable and serious impacts on mental health stability. Individuals have described heightened distress, withdrawal symptoms, sleep disruption, increased anxiety, and worsening depression following these interruptions, sometimes accompanied by increased use of force or restrictive interventions rather than clinical support.

CAEFS' documentation indicates that these health care failures are not isolated incidents but reflect structural deficiencies within the federal correctional health system, including understaffing, security-driven interference in clinical decision-making, and a lack of effective accountability mechanisms. People report being required to navigate onerous and opaque request processes, with limited ability to challenge delays or refusals, and express fear that persistent requests for care may be interpreted as non-compliance or negatively affect their status or release prospects. For women and gender-diverse people—many of whom live with complex physical and mental health needs, histories of trauma, and disability—these barriers compound existing vulnerability and entrench inequality in access to care.



6.2 OAT changes, consent, and impacts on programming (Arts. 7, 10)

CSC recently removed Suboxone from its national drug formulary as a treatment for Opioid Use Disorder (OUD) and required everyone on the medication to switch to Sublocade, regardless of whether they had been stable on or benefitting from Suboxone. More than 150 clinicians, addiction-medicine specialists, and health researchers signed on to an open letter calling on CSC to reverse the change, noting that the new policy is inconsistent with every major OUD treatment clinical guideline, erodes patient autonomy and encourages coercive treatment practices. In line with this, CAEFS received reports that people receiving opioid agonist treatment were told they must discontinue treatment or switch medications, and that many people experienced significant side effects impacting their ability to attend and complete programming. People also reported that injection-based treatment can be painful and triggering, and that staff were not properly trained to administer the drug.

6.3 Due process, disciplinary delays, and fairness (Art. 14)

CAEFS received reports of significant delays in disciplinary hearings for serious offences, including delays lasting months, causing stress and raising concerns about impacts on conditional release. CAEFS has also received reports that overlapping, disproportionate interventions in response to a single incident can undermine fairness and impede progress through correctional and release plans.

7. FUNDAMENTAL FREEDOMS CLUSTER (ARTS. 17–22)

Privacy and correspondence (Art. 17)

CAEFS received reports in federal prisons designated for women of delays in internal and external mail, including appointment slips arriving late, resulting in missed appointments.

CAEFS' advocacy further documents that delays and mishandling of correspondence have broader impacts on access to care, legal rights, and dignity. Late delivery of appointment slips has resulted not only in missed health-care appointments, but in people being blamed for non-attendance and required to re-enter lengthy waitlists. Reports of sensitive health information being misdelivered—sometimes to other incarcerated people or left unsecured—have undermined confidentiality and trust in prison health services, deterring individuals from seeking care or disclosing health concerns.

8. GROUPS WITH SEPARATE HEADINGS

8.1 Indigenous rights and cultural rights (Art. 27; also Arts. 2, 26, 10)

CAEFS continues to receive reports that Indigenous cultural and ceremonial items are mishandled during searches in federal prisons designated for women. Reports include ceremonial items being seized or treated disrespectfully. Individuals described sacred medicines and items being handled in ways they experienced as deeply harmful and as though they are being “terrorized.”



8.2 Persons with disabilities and accessibility (Arts. 2, 7, 10, 26)

CAEFS received reports of accessibility failures during searches and routine operations, including a report that a person using a wheelchair could not access an accessible toilet for the duration of a living unit search because CSC was unable to provide an escort. CAEFS also received reports of heightened barriers to confidential and timely health care access in minimum-security settings. These accessibility failures must be understood in the context of the high prevalence of physical, mental health, intellectual, and cognitive disabilities among women and gender-diverse people in federal custody. CAEFS' documentation, consistent with findings reflected in its previous CEDAW submissions, shows that prisons designated for women remain structurally and operationally inaccessible to people with disabilities.

Incarcerated people with mobility impairments, chronic illness, neurodivergence, mental health disabilities, and conditions such as Fetal Alcohol Spectrum Disorder (FASD) report that routine prison practices—searches, counts, movement restrictions, and staffing decisions—frequently result in the denial of basic accommodations, dignity, and privacy. Rather than triggering individualized, rights-based responses, disability-related needs are often treated as security or compliance issues, resulting in further restriction, isolation, or delay.

CAEFS is further concerned that these conditions intersect with the expanding availability of Medical Assistance in Dying (MAID) in Canada in ways that raise serious human rights concerns. CAEFS' advocacy and coalition work have documented fears that people with disabilities in custody—particularly those experiencing chronic pain, untreated mental health conditions, isolation, and barriers to timely care—may view MAID not as an autonomous end-of-life choice, but as a response to intolerable and state-created suffering. In a prison environment characterized by coercion, deprivation, and lack of meaningful alternatives, the presence of MAID raises acute questions about voluntariness, informed consent, and the State's obligation to alleviate suffering through adequate care rather than facilitate death. Where people with disabilities are denied accessible living conditions, timely health care, and community-based alternatives to incarceration, the availability of MAID risks functioning as a substitute for accommodation, treatment, and release, rather than as a genuinely free choice.

These concerns are echoed by the OCI, which has repeatedly raised alarms about the application of Medical Assistance in Dying (MAID) in federal prisons. The OCI has emphasized that incarceration creates profound risks to voluntariness and informed consent, given the inherent coercion, deprivation, and dependency that characterize custodial environments. The Correctional Investigator has further underscored that MAID deaths are uniquely excluded from the Office's mandatory death-in-custody investigation and review framework, resulting in significant gaps in transparency, accountability, and independent oversight.

In public reporting, the OCI has cautioned that decisions to provide MAID to incarcerated people may occur against a backdrop of unaddressed suffering, including inadequate health care, isolation, and limited access to parole or compassionate release, raising serious questions about whether the State is meeting its obligation to alleviate suffering through care rather than facilitating death. The OCI has also



expressed concern with the prospect of MAID being carried out in custodial or treatment-centre settings, noting that prison conditions may interfere with the exercise of truly voluntary and informed consent.

9. UPSTREAM INVESTMENT, DECARCERATION, AND SHRINKING PRISONS (ARTS. 2, 3, 9, 10, 26)

CAEFS emphasizes that Canada cannot meet its Covenant obligations solely by reforming conditions within prisons. The recurring harms documented in 2025—including hunger, unsafe food, unaffordable hygiene, extreme heat, coercive movement restrictions, barriers to health care, and culturally harmful searches—are not aberrations; they are the predictable outcome of a system built on deprivation and control. Compliance with Articles 7 and 10 requires immediate changes to end cruel, inhuman and degrading treatment. But compliance with Articles 2, 3 and 26 also requires Canada to address the upstream conditions that funnel Indigenous women and gender-diverse people into custody and keep them there.

CAEFS urges Canada to reduce imprisonment through concrete, measurable decarceration targets, including: (a) expanding non-custodial sentencing and community-based release pathways; (b) removing policy barriers that prevent timely conditional release; (c) investing in community-based supports that prevent criminalization and support reintegration; and (d) ensuring that responses to addiction, disability, and mental distress are grounded in health and human rights—not punishment. Upstream investments must include: adequate affordable housing (including supportive housing), income security, trauma-informed and culturally grounded healing supports, community-led services for Indigenous women and gender-diverse people, accessible mental health care and disability supports, and supports for family unity. These investments are essential to ending mass incarceration and achieving substantive equality under the Covenant.



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