

SULLIVAN BREEN

Peter E. Ralph, KC + Rosellen Sullivan, KC + Erin K. Breen, KC

October 28, 2022

Mass Casualty Commission
1791 Barrington Street, Suite 310
Halifax, Nova Scotia B3J-3K9
Via email: participation@masscasualtycommission.ca

To the Commission:

RE: Reply Submission of the Coalition: Avalon Sexual Assault Centre, Wellness Within and the Women's Legal Education & Action Fund (LEAF)

I write on behalf of our Coalition comprised of Avalon Sexual Assault Centre, Wellness Within and the Women's Legal Education & Action Fund (LEAF) to provide our reply submission.

Our Coalition supports the final submission made by the Elizabeth Fry Society of Mainland Nova Scotia (EFSMNS) regarding public safety concerns specific to incarcerated women.¹ We reply at this time also recognizing the service of Alanna Jenkins as a Correctional Service of Canada employee at Nova Institution for Women and keeping in mind that:

*"Prisoners are among the most disadvantaged members of society in countries around the world (Stern 2006) and this is true for women. When we cast our gaze on the experiences of the most disadvantaged, the range and scope of the inequalities women in Canada face becomes illuminated. If we cannot improve the situation of women serving sentences, either provincially or federally, then there is very little chance that we have ameliorated the disadvantages women face in Canadian society."*²

This sentiment was echoed by Emma Halpern, Executive Director, EFSMNS, in a Commission roundtable:

¹ Elizabeth Fry Society of Mainland Nova Scotia, Final Submission to the MCC, September 29, 2022 at pp. 17-18.

² Canadian Association of Elizabeth Fry Societies and the Native Women's Association of Canada, "Women and the Canadian Legal System: Examining Situations of Hyper-Responsibility" COMM0059794 at p. 95.

*“I often say that when you fall between every crack in our social welfare system, you land in our prisons and jails. And that is who we are incarcerating in this country today. It is highly-traumatized and victimized people.”*³

B.U., a formerly incarcerated woman, was interviewed by the Commission on September 20, 2022.⁴ B.U. stated that after she suffered serious childhood trauma she was removed from her family and placed in the foster care system. B.U. experienced homelessness after she aged out of foster care and then married an abusive partner. Ultimately, B.U. was convicted of a criminal offence and served an eight (8) year federal sentence, a portion of which was served at the Nova Institution for Women.

B.U. told the Commission that she sought out mental health treatment while incarcerated but was repeatedly denied services after being categorized as “low-need”. According to the Correctional Service of Canada (C.S.C.), B.U. did not need mental health treatment. Instead, B.U. was offered drug addiction treatment. B.U. continued to specifically request access to trauma therapy at the Colchester Sexual Assault Centre. The C.S.C. denied her requests. After an incident (which has been vetted out of her statement), B.U. in October 2019 was granted an escorted TA (temporary absence) for trauma therapy at the sexual assault centre. Due to staffing shortages at the prison, however, B.U. was unable to access the therapy.

B.U. stressed to the Commission that the majority of women in prison are in critical need of trauma therapy. This is confirmed in the research cited in the few academic articles in relation to incarcerated women filed as exhibits before the Commission:

“Our national sample of women in jails demonstrated high rates of mental disorders, with a majority of our participants meeting lifetime diagnostic criteria for serious mental illness, PTSD, and SUD. Jailed women with serious mental illness were at a higher risk in childhood for running away and at a higher risk across the life span for substance use and drug offending. These findings underscore the importance of partnerships between mental health and justice systems, including approaches that address girls’ and womens’ complex treatment needs (concurrent disorders). Although informal collaboration among professionals within these systems sometimes exists, it is important to institutionalize protocols for coordinated response... These findings also support the need for corrections-based or community-based treatment for system-involved

³ Emma Halpern, MCC Roundtable July 21, 2022 at p. 23, line 27 – p. 24, line 1.

⁴ B.U., Statement to the Mass Casualty Commission, September 20, 2022, COMM0065187.

women, as well as for clinical and legal advocacy for women with concurring disorders.”⁵

B.U. described the obstacles she encountered in accessing trauma therapy while in prison. B.U. described the distrust that inmates have in services offered by the C.S.C. B.U. explained the importance of ensuring a confidential relationship with a therapist and requested that community services be provided inside the prison but be independent from the C.S.C.

B.U. knew Alanna Jenkins from her work at Nova and was personally devastated by her murder. B.U. explained how the C.S.C. provided opportunities for the Nova staff to grieve together following the events of April 18-19, 2020 while the inmates were locked down. B.U. explained that Ms. Jenkins was well-loved by the inmates at Nova however inmates were not afforded any opportunity to grieve.

In light of the information provided by B.U., our Coalition asks the Commission to additionally recommend that:

- Provincial and federal institutions allow community-based organizations and professionals into prisons when incarcerated individuals identify they require specialized trauma therapy, group programming, or other professional counselling services. Access to resources must be provided in an ongoing and timely manner and with safe, confidential space for meetings with therapists, counsellors and other supports.

Yours truly,



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⁵ DeHart, Lynch, Belknap, Dass-Brailsford and Green “Life History Models of Females Offending: The Roles of Serious Mental Illness and Trauma and Women’s Pathways to Jail” [2014] COMM005979 at p. 147.