Section 7: CSC Issues and Challenges

When Correctional Service Canada (CSC) develops policies and programs, three areas must be considered:

- Protecting public safety
- Addressing offenders' needs
- Preparing offenders for their eventual return to the community

Many offenders arrive in correctional institutions with physical and psychological conditions that present a risk to themselves, corrections staff and others. CSC must meet many challenges in order to implement its policies and programs. The following represent some of CSC's key challenges and the strategies developed to face those challenges.

1. Health Care

CSC is facing the same challenge as Canadian communities to maintain quality health care for offenders in the face of increasing costs and a shortage of health professionals. Our legal mandate is to provide essential health care (including medical, dental and mental health) to offenders and non-essential mental health care that can contribute to the reintegration and rehabilitation of offenders.

The cost of health care for offenders is higher than in the community at large. This is related to the high prevalence among the offender population of:

- Mental health problems;
- Substance abuse and other unhealthy practices;
- Infectious diseases such as HIV and Hepatitis C; and
- Chronic diseases such as diabetes, cardiovascular diseases/risk factors, and respiratory disorders.

There is little opportunity for cost-saving measures with regard to offender health care because economies of scale are not possible in the context of the more than 13,000 offenders accommodated across the country. Additional cost factors include the security requirements of a carceral system; mobility of offenders and the closed nature of the offender population.

CSC is also faced with the same challenge as provincial health systems and health care organizations to effectively produce and manage health records, to monitor health trends, interventions, outcomes and expenditures, and to develop data-based plans and forecasts for future policy and programming needs.

Following the Task Force on Health Care in December 2000, CSC received funding from the Treasury Board for the development and annual maintenance of an automated health management information system, the Health Information Management Module (HIMM). This electronic health record will enhance health service delivery to offenders by providing an efficient and effective mechanism for sharing accurate and comprehensive medical information. It will also improve CSC's ability to contribute to public health through the monitoring of offender health needs and to resource appropriate policy and program development and implementation.

Mental Health

The Correctional Service of Canada provides essential health care and reasonable access to non-essential mental health care services to incarcerated federal offenders. Improving the capacity to address the mental health needs of offenders is a corporate priority for CSC, as we continue to enhance our correctional results and contributions to public safety.

High Prevalence

There has been a considerable increase in the number of offenders experiencing mental health problems upon admission to CSC facilities. Among men, rates have risen by 86% and among women rates have increased by 85% since 1997. Currently, 13% of male offenders and 24% of women offenders are identified as having a mental health disorder at intake. There is a substantially higher prevalence of mental disorders among the offender population than there is among the general population. In addition, offenders often suffer from more than one mental health problem and have a concurrent substance abuse disorder.

New Initiatives

CSC has developed a comprehensive strategy to enhance its capacity to address and respond to the mental health needs of offenders in institutions and in the community. The strategy includes the following components:

• introduction of clinical mental health screening for offenders entering the federal correctional system;
• implementation of primary mental health care in all institutions, including mental health counselling, support, treatment and maintenance;
• development of intermediate care units for male offenders with mental health issues in institutions;
• enhancement of clinical staffing ratios in CSC's Regional Treatment Centres;
• enrichment of community support and partnerships with other correctional and mental health jurisdictions; and
• provision of mental health training to mental health professionals andcorrectional staff.

In 2008, CSC received ongoing funding to enhance institutional mental health services. These funds are primarily being directed towards mental health screening at intake and primary care for offenders.

In 2005, CSC received funding to enhance community mental health services over a five year period. These funds are being directed towards strengthening the continuum and continuity of specialized mental health support in the community.

The Way Forward

In addition to these initiatives, CSC is examining ways to ensure that high-quality mental health services for offenders are sustainable over the long-term. Such things as permanent funding, greater recruitment and retention of health professionals, and improved coordination with

community partners will help CSC respond to the complex mental health needs of offenders well into the future.

Infectious Diseases

The exact rates of infectious diseases in the offender population are not known because testing for HIV and Hepatitis B and C is voluntary, as is it in Canadian communities. However, in 2007, studies found that an increasing rate of infectious diseases- inmates now have a 7 to 10 times higher rate of HIV than the general Canadian population and approximately a 30 times higher rate of Hepatitis C.

Many offenders are vulnerable to infectious diseases, such as HIV, HCV and sexually transmitted infections (STIs) due to high-risk behaviours, both before their admission to prison and while incarcerated. Risk behaviours include sharing injecting, piercing and tattooing equipment and engaging in unprotected sex.

Offenders are also at increased risk of being infected with tuberculosis (TB) as it is transmitted by the inhalation of airborne organisms. Limited air exchange and a large number of people living in a confined space increase the potential for TB transmission in institutions.

Prevention initiatives

CSC entered into a partnership with Health Canada through the Canadian Strategy on HIV/AIDS. CSC's HIV/AIDS programming focuses on education, prevention, care, treatment and support. All offenders have access to medication and specialists are available for assessment and monitoring. CSC has a voluntary Hepatitis A and B immunization program, and for Hepatitis C and HIV, voluntary testing is performed. For TB, CSC offers a voluntary 2-step TB skin test on newly admitted offenders and annual TB skin testing of all offenders. Each CSC region has a designated number of facilities/ rooms to which an inmate suspected of having, or confirmed to have active TB disease, may be transported in order to implement respiratory precautions.

TB screening and surveillance of CSC staff is the responsibility of Occupational Health and Safety, CSC. The Workplace Health and Public Safety Programme, of Health Canada, provides advice and staff to conduct screening and surveillance activities on behalf of CSC. Staff screening participation is voluntary. The assessment includes a TB history, risk factor and symptom inquiries, as well as a Tuberculin Skin Test (if indicated).

Volunteers and contractors are to provide documentation of their baseline TB status to CSC prior to starting work in a CSC institution. Further assessment, i.e. annual screening, may also be required if these individuals have direct and extended contact with offenders.

Substance Abuse and Addictions

Drug use among offenders is a problem in correctional jurisdictions around the world. Many federal offenders have serious problems with addiction and substance abuse. In Canadian federal institutions, 80% of offenders have some sort of substance abuse problem. It is 77% for women offenders and the number increases to 95% for Aboriginal men. Additionally, about 4 out of 5 offenders arrive with a serious substance abuse problem, with 1 out of 2 having committed their crime while under the influence.[1] For this reason, CSC is greatly concerned with the presence of drugs in institutions. In addition to having a negative effect on health and the transmission of infectious diseases, it is also often related to the commission of crimes and

[1] Data provided by the Report of the Correctional Service of Canada Review Panel, October 2007: A Roadmap to Strengthening Public Safety

violence in institutions. CSC has “zero-tolerance” for the presence or use of drugs in its institutions because drugs have a negative impact on reintegration efforts.

CSC's Drug Strategy

CSC’s drug strategy is based on the “National Canada Drug Strategy” and the intent is to eliminate drug use in correctional facilities by reducing the supply of and demand for drugs. This will then affect the spread of disease among offenders. The intent is to assist the offender to successfully re-enter society as a law-abiding citizen. With the decrease in substance abuse, the offender has a much higher chance of living in the community productively.

These initiatives are ongoing by CSC to try and reduce the supply of drugs:

- Non-intrusive searching of all visitors entering institutions using metal detectors, ion scanners and drug detection dogs;
- Searching of cells, grounds and buildings and offenders are carried out regularly; and
- National random urinalysis program that tests urine samples of five percent of the offender population each month.

These initiatives are ongoing by CSC to try and reduce demand for drugs:

- Substance abuse programs for male offenders (high and moderate intensity); and the Community Maintenance Program provides support upon release to the community
- Correctional Service of Canada - Substance Abuse Program for Women to address the specialised treatment needs of women offenders;
- The introduction of the Aboriginal Offender Substance Abuse Program (AOSAP) to address the needs of male, Aboriginal Offenders;
- Provision of Intensive Support Units for those who want to live drug-free while incarcerated;
- Opioid Substitution Therapy (Methadone treatment); and
- Opening of the Addiction Research Centre to provide a focal point for all drug and alcohol research conducted by CSC.

2. Aging Offender Population

As is consistent with Canada's aging demographic, CSC has been experiencing an increase in the number of older offenders; a trend that is expected to continue. This has created new responsibilities for CSC who must now adjust to caring for aging offenders in prison.

CSC defines an older offender as anyone 50 years or older. Research indicates that the aging process is accelerated by approximately 10 years in institutions due to factors including socio-economic status, access to medical care and the lifestyle of most offenders. Currently, the older offender population is at **4,896**, which represents **22.3%** of the total federal offender population.

Special needs

Older offenders have needs that set them apart from the rest of the offender population. The needs are in the areas of medical care, accessibility and mobility, adjustment to imprisonment, peer relationships, family relationships and conditional release. Failure to address these specific needs and problems may impede the safe and timely reintegration of older offenders.

Elderly and geriatric offenders tend to have a high incidence of multiple chronic health problems such as severe heart problems, diabetes, hypertension, stroke, cancer, Alzheimer's disease, Parkinson's disease, ulcers, emphysema, diminished hearing, poor eyesight, loss of memory, etc. As well, the fear of dying and concern around the stigma of dying in prison affect the emotional wellbeing of offenders. There are also limits to the range and number of activities in which they can participate in the areas of work and recreation.

Program and treatment responses

To address these issues, much research has been done to find appropriate interventions for older offenders. Consultations with front-line case workers, community agencies, the voluntary sector and potential partners have been conducted to enhance programs to meet the challenges that older offenders face.

3. Women Offenders

As of August 23, 2009 the total women offender population accounted for 4.9% of the federal offender population. Of the 1089 women offenders currently under CSC's supervision, 56% are in the community while 44% are in the institutions.

Approximately 2.7% of the total women offender population were convicted of first-degree murder, 12.8% of a second-degree murder and 36.7% were convicted of a Schedule I offence. Close to 31% of women offenders are serving a sentence for a Schedule 2 offence and 16.5% were convicted of a Non-Schedule offence. CSC reports 3.3% of women offenders have committed a sex related offence. In addition, women offenders account for 1.2% of the total federal sex offender population.

Aboriginal women offenders account for 24.9% of the total women offender population and 32.5% of the incarcerated population. Aboriginal women offenders correspond to 10.7% of the total first-degree murder convictions and 26% of the total second-degree murder convictions.

Historical and current responses

Prior to *Creating Choices*, the 1990 Task Force on Federally Sentenced Women, the Prison for Women in Kingston, Ontario, housed all women offenders far from their home communities and in a maximum-security environment. The task force provided recommendations that resulted in the closure of the Prison for Women and the opening of five regional institutions, one healing lodge and two national treatment centres. They are:

- Okimaw Ohci Healing Lodge, Maple Creek, Saskatchewan
- Nova Institution for Women, Truro, Nova Scotia
- Joliette Institution, Joliette, Quebec
- Grand Valley Institution for Women, Kitchener, Ontario
- Edmonton Institution for Women, Edmonton, Alberta
- Fraser Valley Institution for Women, Abbotsford, British Columbia
- Institut Philippe-Pinel of Montreal, Montreal, Quebec

- Regional Psychiatric Centre, Saskatoon, Saskatchewan

The design of these institutions reflects the recommendations of the Task Force. Accommodation is provided through stand-alone houses that hold up to 10 women and include a communal living space, a kitchen, dining area, bathrooms, utility/laundry room, and increased access to the surrounding grounds. The women in each house are responsible for their own cooking, cleaning and laundry. This community-style living approach represents a dramatic change from the traditional prison environment that existed at the Prison for Women.

In the spring of 1996, it became clear that about 10% of the women were either unable or unwilling to function in the community-style living approach of the regional institutions. As a temporary measure, distinct units for women classified as maximum security were opened in three men's institutions.

In September 1999, the Solicitor General announced the implementation of the Intensive Intervention Strategy. This strategy included the development of Structured Living Environment (SLE) houses for women classified as minimum or medium-security with mental health and cognitive difficulties. In addition, small secure units were constructed at each of the regional institutions so that high-risk, high-needs women could be safely returned to the regional institutions.

With these changes, CSC has moved into a new era in women's corrections, where needs and risks are met through supportive environments and a wide variety of educational, vocational, and personal development programs.

For more information on women offenders, please visit the Women Offenders Programs and Issues page on the CSC website.

4. Aboriginal Offenders

Background

As of August 2009, Aboriginal offenders represented 17.4% of the total federal offender population - 20.1% of the incarcerated population and 13.1% of the community population. Aboriginal men represent 20.1% of the incarcerated male population and 13.1% of the community population. Aboriginal women represent 32.6% of the incarcerated female population and 18.1% of the community population.

Reasons behind Over-Representation

Research on male Aboriginal offenders suggests that childhood deprivation is commonplace among this group, including early drug and alcohol use, physical and sexual abuse, and severe poverty. Many Aboriginal communities are marked by violence, family instability, alcohol abuse and low levels of education. The marginal socio-economic positions of many of Canada's Aboriginal peoples, coupled with their loss of culture and community, have contributed to their criminal behaviour and to their difficulty in making a fresh start.

The Aboriginal offender population differs markedly from non-Aboriginal offenders in a number of areas. They tend to:

- Be younger,
- Be more likely to have served previous youth and/or adult sentences,
- Be incarcerated more often for a violent offence,
- Have higher risk ratings,
- Have higher need ratings, particularly in the areas of substance abuse and employment,
- Be more inclined to have gang affiliations, and
- Have more health problems, including FASD and mental health issues.

On October 10, 2006, the Correctional Service of Canada (CSC) launched a new five-year Strategic Plan for Aboriginal Corrections (SPAC). The SPAC had emphasized three key areas:

- Continuum of care;
- Enhanced horizontal collaboration and coordination; and,
- Addressing systemic barriers internally.

In October 2007, the Minister released the report entitled, *Correctional Service of Canada Review Panel, A Roadmap to Strengthening Public Safety*. This report and CSC's response gave rise to the Transformation Agenda and prompted a review of the Strategic Plan for Aboriginal Corrections.

Strategy for Aboriginal Accountability Framework

The Strategy for Aboriginal Corrections Accountability Framework, adopted in March of 2009, is designed to ensure that the Aboriginal dimension is integrated within all aspects of CSC's planning, operations, reporting and accountability. In this context, the Strategy is grounded in the Strategic Plan for Aboriginal Corrections, is supportive of CSC's five Corporate Priorities outlined in the Reports on Plans and Priorities (RPP) and is responsive to the key findings and fifteen Aboriginal-specific recommendations of the Review Panel and reports of the Correctional Investigator. The Strategy will:

- Operationalize and update the Strategic Plan for Aboriginal (First Nations, Métis and Inuit) Corrections.
- Identify successes and gaps existing within the Aboriginal Continuum of Care.
- Establish concrete actions with projected results and expected outcomes.
- Establish the level of accountability associated with each region and sector head in regard to deliverables – commitments made in the Report on Plans and Priorities (RPP), Risk Profile and Panel Recommendations in relation to Aboriginal corrections.
- Ensure resources and integrity funding are properly allocated and linked to organizational results.

The Framework is accompanied by the "Template for Results Monitoring and Reporting". The Template flows from the Framework and:

- Provides a vehicle for collection of detailed information on action and results;
- Informs quarterly reporting to enable performance review, support innovation and improvement (transformation); and
- Specifies accountabilities, reinforces the shared responsibility of all Sectors and Regions to support progress in Aboriginal corrections.

The Template for Results Reporting and Monitoring is results-oriented and practical, recognizing that progress will be incremental and that a multi-year commitment will be necessary by all CSC

Sectors and Regions to position the organization for success. With this in mind, the Template outlines necessary actions and anticipated results over the next five years.

Aboriginal Continuum of Care Model

Community-based research has demonstrated that reconnection with culture, family and community, are key factors in the safe reintegration for Aboriginal offenders. The Aboriginal Corrections Continuum of Care Model, developed with the guidance of Aboriginal Elders, was adopted by CSC in 2003 and expanded in 2009 to emphasize collaboration and horizontality within government agencies and Aboriginal communities.

CSC's approach to Aboriginal Corrections is based on the Continuum of Care model. The Continuum begins at intake assessment, is followed by institutional paths of healing and ends with the safe and successful reintegration of Aboriginal offenders into the community. New initiatives implemented since 2003 suggest that the integrated approach of the Continuum of Care, including enhanced programs and correctional interventions, works with an Aboriginal offender population that has higher initial risk and needs. This ultimately has a positive impact on public safety by reducing the severity of re-offending and the potential for re-incarceration. Experience also indicates that continued engagement of Aboriginal peoples is critical to sustaining positive outcomes for individuals and communities.

The Continuum of Care model provides the flexibility necessary to respect the diversity of First Nations, Métis and Inuit peoples; the significant Provincial and Territorial variations in cultures, traditions and languages; and the diverse needs and capacities of rural, urban, remote and Northern communities to support reintegration. This diversity requires a greater degree of cultural competency within CSC to ensure a workforce that is responsive to the needs of Aboriginal offenders and that can effectively engage diverse Aboriginal communities in supporting reintegration. Key transformation activities designed to enhance the Continuum of Care Model involve measures to:

- Sharpen the focus of employment/employability;
- Enhance Aboriginal correctional programs. As part of broader program development CSC is presently developing an Aboriginal Integrated Correctional Program Model that will allow for inclusive and more efficient delivery of programs for Aboriginal offenders;
- Expand Pathways Units;
- Enhance the capacity of Healing Lodges
- Increase the capacity/number of Aboriginal Community Development Officers (ACDOs);
- Increase the capacity of Aboriginal Halfway Houses;
- Address the needs of offenders returning to northern communities, particularly Inuit offenders;
- Ensure effective mental health assessment at intake; and
- Address critical human resource management issues:
  - recruitment, retention, career development;
  - cultural competence/training.

The Aboriginal Continuum of Care Model now forms the basis for CSC's development and priority for Aboriginal-specific initiatives and integrates community engagement from intake through to community supervision. In this context, transformation efforts to enhance programs and correctional interventions within the Aboriginal Continuum of Care Model are expected to have a positive impact on public safety, reducing the severity of re-offending, and increasing the potential

for successful reintegration. These programs and interventions balance education, employability and correctional programs to maximize the effectiveness for the offenders.

Aboriginal Correctional Programs

The *Corrections and Conditional Release Act* requires CSC to provide programs to address the needs of Aboriginal offenders.

There are seven Aboriginal-specific correctional programs, designed with Aboriginal stakeholders for delivery by Aboriginal staff and Elders. At present they are in varying stages of implementation and evaluation. These programs target violence prevention and substance abuse – key areas that place Aboriginal offenders at higher risk to re-offend.

In terms of Aboriginal programming for serious violence, "study results indicate that Aboriginal male offenders who were exposed to In Search Of Your Warrior were 19% less likely to be readmitted, relative to offenders in the comparison group ($p < .10$)". *Correctional Service Canada's Correctional Program Evaluation, June 2008.* As part of broader program development, CSC is presently developing an Aboriginal Integrated Correctional Program Model that will allow for inclusive and more efficient delivery of programs for Aboriginal offenders. The new program has been scheduled to be piloted in the Pacific region in the spring of 2010.

Aboriginal Community Involvement

Section 84 of the *Corrections and Conditional Release Act* allows for community involvement of Aboriginal communities (off or on reserve) when Aboriginal offenders request to be released into an Aboriginal community. This provides the Aboriginal community an opportunity to propose a plan for the inmate's release to, and integration into, the Aboriginal community. In 2007-08, 9 Aboriginal Community Development Officers (ACDOs) initiated community release planning for 439 cases. Of those, 128 were presented to the National Parole Board and 186 were in progress across Canada.

Steps taken to strengthen Aboriginal community engagement include:

- The Commissioner's National Aboriginal Advisory Committee, Regional Elder's Councils;
- National Elders Working Group, National Elders Gathering;
- Numerous activities funded to engage Aboriginal communities (Outreach, Citizen's Forums); and,
- Ongoing consultations on employment, Section 84 release, etc.

Elder Services

The contributions of Elders are essential for effective delivery of the Continuum of Care in general population, Healing Lodges, Pathways and Correctional Programs. Elders are facing heavy and increasingly complex demands due to the larger and more challenging Aboriginal offender population and their greater involvement with offenders from intake to release.

Pathways Healing Unit

Pathway healing units operate on an Aboriginal, holistic, Continuum of Care model that treats the entire individual in an effort to fully support the individual on a path of successful living in his or her community. Pathways provide a substance free environment where participants are accountable for following a healing/correctional plan. A formal evaluation was completed in June of 2009, and preliminary findings demonstrate positive results with respect to the safe

reintegration of Aboriginal offenders into the community. As a result, re-investment funds have been allocated towards expanding the number of Units and enhancing existing Units.

Healing Lodges

CSC is working with Aboriginal communities to assist in developing innovative community-based approaches for offender healing and successful reintegration. Both CSC and Section 81 (community-operated) Healing Lodges function as a minimum-security environment for offenders who have demonstrated responsible behaviour and program participation.

Healing Lodges offer services and programs that reflect Aboriginal culture in an environment that incorporates Aboriginal peoples' traditions and beliefs. In the Healing Lodge, the needs of Aboriginal offenders serving federal sentences are addressed through Aboriginal teachings and ceremonies, contact with Elders, and culturally relevant programming.

There are currently four CSC-administered Healing Lodges in operation: Pê Sâkâstêw Center, Okimaw Ohci Healing Lodge (Women), Willow Cree Healing Lodge in the Prairie Region and Kwìkwèxwelhp Healing Village in the Pacific Region.

5. Sexual Offenders

Program and treatment responses

CSC has a comprehensive, empirically driven management strategy for sexual offenders. This strategy includes:

- National policy for the assessment, programming, and supervision of sexual offenders.
- A national strategy which will ensure that sexual offenders receive consistent, effective, and high quality services across the regions and that the program they receive is matched appropriately to their levels of risk and need.
- Nationally and regionally accredited sexual offender programs.
- Maintenance programs in both institutions and community sites are available to offenders after their completion of the sex offender program
- Sexual offenders participate in other Correctional Programs to address other needs such as substance abuse

Two programs are delivered nationally; the Moderate Intensity Sex Offender Program (NaSOP - Moderate) and the Low Intensity Sex Offender Program (NaSOP - LOW). Offenders are referred to the programs based on their risk level and need as assessed by a specialized sex offender assessment. Both programs were accredited by an international panel of corrections experts in June 2000. CSC has a pilot NaSOP – High currently being delivered in select sites across Canada. There are also Regionally based high intensity programs available to sexual offenders.

6. Dangerous Offenders

According to the *Criminal Code of Canada*, an individual must have been convicted of a "serious personal injury offence" before an application for dangerous offender status can be made. This designation may result from a single act of brutality or from a number of offences and will result in an indeterminate sentence.

Individuals who have received dangerous offender designations will not be released by the National Parole Board until they are deemed not to pose any undue risk to the community. The cases are reviewed by the NPB seven years after designation and every two years thereafter to determine if the offender can be safely reintegrated into the community.

As of August 16, 2009, there were 475 active offenders with the DO designation. Of those, 424 were incarcerated, 39 were on conditional release, 3 had been deported and 5 had escaped. There was 1 escape in 2008; the remaining 4 escapes were previous to 1994.

Special measures to deal with dangerous offenders

Specific programs have been developed for dangerous offenders. These programs offer sexual deviancy treatment and high-intensity violence prevention programs. Mental health treatment is available for mentally disordered DOs and educational programs are provided to those who lack literacy skills.

CSC is also developing motivation enhancement programs to encourage greater participation of dangerous offenders in programming and treatment.

7. Gangs and Organized Crime

Criminal organizations pose an increasing threat to the safe, secure, orderly and efficient management of CSC's institutional and community operations. Approximately one-sixth of men offenders report having gang affiliations during their initial assessment; a proportion that has increased from 12% to 17% since 1997.

As of November 2008, there were approximately 1,950 offenders under CSC's jurisdiction associated with or members of criminal organizations. Some 9.0% of the institutional population and 7.5% of the community population are identified as members of criminal gangs or organized criminal groups. Currently there are more than 50 separate gangs or gang types in the institutions. Outlaw motorcycle gangs, Aboriginal gangs and traditional organized crime groups are the most prevalent in the incarcerated population.

Offenders involved in criminal organizations pose a number of significant challenges for CSC including:

- Intimidation, extortion, and violence within the incarcerated and supervised community populations
- Drug distribution within the institutions
- Recruitment of new members
- Intimidation and corruption of staff
- Increased convictions for serious crimes pose increased risks and affect maximum security capacity

Actions taken by CSC

- Standardized processes are being put into place throughout the organization to ensure consistent sharing of information nationally, to better respond to public safety and internationally with partners and stakeholders.

- Standardized tools are used during the reception process for the identification of gang members and associates
- Standardized training has been developed and the initial program delivered. All security intelligence officers receive this training and are assessed against established expectations. Training and learning opportunities are provided on an ongoing basis.

8. Ethnocultural Offenders

Research identifies that cultural diversity has increased over the past decade in Canada. The offenders (men and women) from ethnic minorities represent approximately 14% of the total federal offender population and bring new challenges and different criminogenic and cultural needs. Therefore, CSC has taken a number of approaches to build effective partnerships with ethnocultural communities and to start the development and delivery of culturally-based correctional tools for ethnocultural offenders. In addition, CSC is exploring the translation of correctional program materials to foreign languages. CSC is also strengthening its partnerships with ethnocultural communities through national/regional ethnocultural advisory communities.

9. Violent Offenders

CSC offers a menu of correctional programs at various levels of intensity to address offenders who have committed violent crimes within the family context and in general. These programs have been evaluated and found to significantly reduce violent re-offending for program participants.