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STUDY

CONDITIONS FOR WOMEN IN DETENTION

Needs, vulnerabilities and good practices

Jo Baker & Therese Rytter

DIGNITY
DANISH
INSTITUTE
AGAINST TORTURE

DIGNITY – Danish Institute Against Torture

Since 1982 DIGNITY has worked for a world free from torture and organized violence. DIGNITY is a self-governing independent institute and a national centre specializing in the treatment of severely traumatized refugees. We distinguish ourselves by undertaking rehabilitation, research and international development activities under one roof. DIGNITY is represented in more than 20 countries worldwide where we collaborate with local organizations fighting torture and helping victims and their families to live fuller lives.

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Karin Verland
Director General
DIGNITY – Danish Institute Against Torture

EXECUTIVE SUMMARY

"I've forgotten my heart here. It's humiliating. It's survival of the strongest." – Inmate, Jordan

What are the issues, risks and vulnerabilities that face imprisoned women across the world? How is this being addressed by those who detain them? And is this well reflected in the attention they receive by the UN human rights treaty bodies? These questions lie at the heart of this study by DIGNITY.

While all human beings are vulnerable when deprived of their liberty, certain groups are at particular risk. For women, the discrimination that they face in broader society reaches deep into places of detention such as prisons, which are largely still designed and managed for men, by men. As a minority — although a growing one in many counties — detained women are often overlooked at the expense of their dignity, wellbeing and human rights.

Yet, as now well established in international law, women's specific needs require different and sometimes greater attention in order for women to enjoy their rights equally to men. As particularly well established in the recently adopted UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules) there are concrete ways in which this must be done.

This study focuses on conditions for women in detention, and works by theme, from physical conditions and provisions, to areas such as health, safety and work. For each, DIGNITY presents the level of protection that has developed for detained women in **international standards**, and determines whether this has been well reflected in the jurisprudence of four major **UN human rights treaty bodies** in the past six years (2008-13).

DIGNITY has intertwined this review with **qualitative research in women's prisons** in five very different countries, with emphasis on the voices of inmates themselves. During in-depth, private conversations, we have asked detained women, what matters most to you?

This research was conducted in Albania, Jordan, Guatemala, the Philippines, and Zambia in 2013 and early 2014, among almost 90 detained or formerly detained women in 11 facilities, and more than 80 prison staff and others

working with detained populations, from NGO staff to lawyers and social workers.

DIGNITY hopes that this study, and the voices of those in it, will contribute to the effective planning, programme development and policy formulation for women in places of detention, along with the advocacy for their better protection, and broader awareness and understanding of a group, which has, until very recently, been largely invisible in human rights discourse. As noted by the UN Special Rapporteur on Violence against Women in 2013: "much more remains to be done to identify and address the pathways to women's incarceration; to establish better, safer and more gender-sensitive conditions for women prisoners; to ameliorate the negative consequences of women's imprisonment; and to reduce the numbers of women in prison around the world."[1]

FINDINGS

INTERNATIONAL STANDARDS

UN standards on the treatment of female prisoners, and prisoners generally, adequately address their needs, vulnerabilities and dignity.

In 2010, the special needs and vulnerabilities of women in detention were formally recognized when States unanimously adopted the Bangkok Rules at the UN General Assembly. These rules filled a gap in protection and built a gender-specific framework for the management of women prisoners. This framework has recognized in detail, the State's obligation to provide differently for women prisoners in areas ranging from healthcare and hygiene, to contact with the outside world. It recognizes the importance of their different vulnerabilities before and during detention — whether due to economic disadvantage, substance addiction, abuse, or a lower level of primary healthcare, among other gendered factors; and it recognizes the disproportionate mental burden faced by the majority of those women who are primary caregivers.

The Rules also respond to the greater risk of gendered abuse for women in detention, and the stronger likelihood and impact of bias and gender insensitivity among staff and officials. When read with international human rights treaties and soft law standards as well as practice from the treaty

[1] Report of the Special Rapporteur on Violence against Women, *Pathways to, conditions and consequences of incarceration for women*, UN Doc. A/68/340.

bodies, the Bangkok Rules offer comprehensive and long overdue legal protection for detained women.

There is a gap regarding gendered barriers to information.

However, one aspect is less strongly reflected in the international standards reviewed. Many prisons and information systems are designed for men, in countries in which women may seek and understand different kinds of information in different ways [see 'What Matters' findings below]. This alone can block a spectrum of rights for women in detention, and it is the duty of the State to ensure that this access is clear and that gendered disadvantages are addressed. Neither the SMR nor the Bangkok Rules address or remedy this important barrier.

The implementation and awareness of the Bangkok Rules is weak.

There is an acute need for awareness-raising and training on the Bangkok Rules among the prison administrations visited by DIGNITY, and likely among many others worldwide. While this study is not a strict monitoring project, our research in five countries has indicated that gender-sensitive international standards on detained women are little known, distributed or implemented among officials, prison administrators, and NGOs working in prison communities. Just one of 11 facilities visited across five countries, Manila's Correction Institute for Women in the Philippines, was managed according to formal guidelines based on the Bangkok Rules. Staff in a second facility, the Ali Demi women's prison in Albania, have developed a largely gender-sensitive management practice, but without knowledge of the Bangkok Rules. In the other nine facilities, senior staff and officials displayed little or no knowledge of the Rules, nor focus on gender sensitive management.

UN TREATY BODY REVIEW

The rights and needs of women in detention have not been adequately addressed by the four major treaty bodies researched, in number and quality.

Among six years' of reports by the Human Rights Committee, the Committee against Torture, The Committee on the Elimination of Discrimination against Women, and the Subcommittee on Prevention of Torture, just around one quarter have made reference to women in detention.

Which issues are given attention, and which are forgotten?

Issues of safety and security have received most attention, yet recommendations are not always gender-sensitive, and violence against women in detention receives only a fraction of the attention given by the UN bodies to the issue in the outside world.

The issues that have received most attention, and the best level of gender analysis, lie in the area of safety and security, with a particular focus on those areas long highlighted by the SMR — the *need to separate men and women*, among staff and inmates. In many of these references by the CAT and CEDAW Committee, members give important gender sensitive recommendations. However, this is not always the case. For example mentions by CAT of sexual violence against women in detention are often followed with recommendations that lack a gender element, and the issue of discrimination is very rarely raised explicitly in regard to the treatment of women detainees, generally. Meanwhile, *gender-based violence* against women in detention receives a fraction of the attention given to the issue against women in the outside world. The CEDAW Committee, which places great emphasis on violence against women generally, makes references to such violence in detention in just a few reports, and the detention context is very rarely mentioned in CAT's sections on violence against women.

Gender-specific health care needs receive limited attention by the treaty bodies, particularly mental health care and treatment for substance abuse.

The right to health care is raised regularly by the treaty bodies generally. However this study reveals a low regard for women's particular health needs and for gender as a concerning factor for women in prison, although this is a serious problem in practice. The UN reports that apply a gender-sensitive perspective focus largely on basic barriers to health care, mostly related to pregnancy and childbirth, yet these are still few. Areas such as women's mental health care, preventive health care and treatment of substance abuse are given almost no attention.

> ***"How it hurts, not being able to look out for your own child." – Inmate, Zambia***

Most treaty bodies address the issue of contact with the outside world, but none have taken a gender-sensitive approach.

Contact with and visits by family members are considered important in order to uphold the right to family life and to safeguard against torture generally. While many treaty bodies address the issue of prisoners' contact with the outside world in their reports, the findings and recommendations are mostly gender-neutral and do not take into account women's particular needs and vulnerabilities as mothers and caretakers.

Which treaty bodies perform best?

The Subcommittee on Prevention of Torture leads in its treatment of detained women, yet requires greater gender-sensitivity.

Comparatively, the SPT leads in its treatment of detained women, with references in 7 out of 8 reports open for public view (the attention paid to women in detention may be greater, but this cannot be verified since most State parties visited by the SPT have chosen not to made the country visit report public). The Subcommittee focuses on detained women as a separate group a number of times, noting areas in which conditions and provisions are substandard, such as inadequate levels of female staffing, insufficient separation of female and male prisoners, insufficient activities and education, and inadequate attention afforded to women, female adolescents and babies. Yet its reports are largely descriptive; they tend to narrate the situation of the detainees and rarely identify the causes of the substandard treatment or the impact in relation to the different needs of women (in both the positive and negative environments), the possible role of discrimination or marginalization, nor the need for gender training.

References by the Committee against Torture have steadily increased in quantity and quality over time.

DIGNITY research found that in about one third of its concluding observations to States, CAT has raised important concerns regarding women's dignity, and elements of humiliation. These have included the need to ensure humane conditions of detention, to ensure separation of female and male prisoners, to take effective measures to prevent sexual violence against women in detention, and to institute gender-sensitive training of staff. In a few cases, CAT has urged states to take into consideration the particular problems faced by women prisoners and to address those problems in accordance with the Bangkok Rules. Specifically with regard to body searches, CAT has emphasized

that inspections of women's private parts can constitute cruel or degrading treatment. However on some marked occasions the Committee has also squandered the opportunity to highlight the need for a gender-sensitive approach and provisions.[2]

The Committee on Elimination of Discrimination against Women lacks quantitatively in this area, although this is partly remedied qualitatively.

The Committee's reports feature just seventeen references to women in detention in a total of 156 reports over six years. Although CEDAW's focus on women in detention is relatively limited in quantitative terms, it is at times comprehensive and highly gender-sensitive, in its focus both at practice and policy levels. The 'quantitative neglect' has been raised by rights groups, who are advocating for greater inclusion of this group by its General Recommendation on women's access to justice.[3] The Committee's main contribution has been via its consideration of *Inga Abramova vs Belarus,* brought under the Optional Protocol. Here it has ruled that certain conditions of Abramova's detention in Belarus violated the Convention partly because of the detention facility's failure to "adopt a gender-sensitive approach to the specific needs of women". It follows that "respect for women prisoners' privacy and dignity must be a high priority for the prison staff," with recommendations that draw from the Convention as well as the Bangkok Rules.

The Human Rights Committee has given the least attention to women in detention.

The HRC makes just three brief references overall to women in detention — the least out of the committees reviewed. Concerns have been phrased in very general terms, recommending that persons deprived of their liberty are treated with humanity and that conditions of detention comply with the ICCPR and SMR. It notably missed an opportunity to promote the Bangkok Rules in its report on Guatemala, requiring only that the State party improve conditions in accordance with the SMR, and 'adopt specific measures to protect the rights of detained women', with no mention of the new standards.

"One day I will leave the prison, but I have no chance. I am done: a woman who has been in prison." —Inmate, Albania

[2] See for example UN Doc. CAT/C/GRC/CO/5-6, Concluding observations on Greece (2012).

[3] Penal Reform International, *Popular as a victim, forgotten as a defendant*, February 2013, penalreform.org

The Bangkok Rules have been mentioned just fourteen times among over 80 UN reports published between the date of their adoption, and December 2013.

Among the 84 reports that have been published among the treaty bodies since December 2010, when the Bangkok Rules were adopted by the UN General Assembly, and until the end of 2013, the Rules have been mentioned just fourteen times: ten times by CAT, twice by CEDAW, once by the HRC and once by the SPT. However the treaty bodies rarely go beyond a general referral to the Bangkok Rules. Considering this, along with our qualitative research below, we conclude that treaty body members are out of tune with both the realities on the ground for detained women and the recent developments in international standards to protect them.

WHAT MATTERS? KEY NEEDS AND VULNERABILITIES OF WOMEN IN DETENTION IN FIVE COUNTRIES

The main aim of our field research has been to speak with detained women about the areas that matter most to them, and the measures that will in their perception, best preserve their dignity and well-being. During our interviews, women in prison and those who work with them have united on various common requests, the most prominent of which we attempt to distil here.

The needs and demands expressed by detained women are largely covered by the Bangkok Rules

At the very minimum, and in summary, those spoken with for this study ask that they all — regardless of background and ability — be admitted into prison with dignity, with knowledge about and agency in arrangements for their children throughout their detention. They require the ability to keep themselves and their cells clean; to have agency and frequent physical contact with children and loved ones; to be industrious and busy; to be provided with healthcare and medicine; to receive a measure of therapeutic support where necessary; and to have the opportunity to learn skills that will allow them to support themselves on their release, whether or not they have been rejected by their families and communities. They ask to be held as near to their families as possible, who may help to ease their conditions and their emotional distress. They ask to receive therapeutic support, and to form healthy relationships with each other, and staff. These requests are well in line with the obligations of the state, as expressed in the Bangkok Rules.

Contact with the outside world is a clear and unanimous priority

The strongest preoccupation of the women in this study has been frequent and dignified contact with their families, particularly children. DIGNITY found a commonly strong emotional and psychological need on the part of most mothers to stay closely involved with their children, which, when unfulfilled, causes disproportionate harm that arguably exceeds that of most male inmates. Barriers to visits, such as distance, complicated bureaucracy, age limits, intimidating security processes, physical screens and otherwise uncomfortable visiting environments, hugely contribute to this distress, and yet can often be easily adjusted. It was also found that visitors fill important material gaps, such as items for health and hygiene, that maybe a result of discrimination or gender differences.

The need for income and income-generating skills is a common priority

Women in all five countries expressed the common need to work, earn, and to learn income generating skills for a variety of reasons. Detainees, staff and NGO staff explained that work and income for women is often less consistent and less lucrative than for male detainees and below international standards, which indicates discrimination. Yet many prisons do not provide the basic provisions considered necessary by women for a dignified living — from soap and sanitary towels, to medicine, and milk and diapers for babies — and women often receive fewer visits and provisions from family than male inmates. Women also often take on a disproportionate burden, economically *and* emotionally, for providing for children who are in and outside of prison, and are greatly impacted by the inability to do so. Earning income also helps inmates to prepare themselves for an uncertain future outside of jail, where they may face different stigma, responsibilities and challenges in supporting children, and reintegrating into their communities, compared to those of men.

> ***"Most of us are mothers and some of us have been here a long time, and our husbands left us while we were here. I worry all the time, and I can't think of anything else. I can't sleep." – Inmate, the Philippines***

There is a critical and largely unmet need for gender-sensitive information systems in detention

One priority was not often explicitly described by women detainees themselves, but arose as one of the most urgent needs and rights in our analysis. Information systems in detention — on health, the prison regime, complaint channels and other rights — face barriers that are heavily gendered and therefore violate a spectrum of human rights for women. DIGNITY found such vacuums to be particularly harmful among foreign women, for example, who may struggle to make complaints, understand prison rules, form relationships or bargain for favours, and may experience this disadvantage differently to men. Vacuums were found among women in police custody, who had given into sexual coercion simply to receive information. They were encountered most powerfully among mothers — particularly new mothers and mothers in Jordan with illegitimate children. Here, DIGNITY met women who were not given the time, information and communication tools to manage and stay informed about the custody, care and welfare of their children, and who lived, as a result, in almost perpetual emotional anguish. Yet such systems may be relatively simple to devise, for example, by training and supporting more gender-sensitive staff — particularly social workers — to give personal attention to detainees and connect them with relevant services. In order to prevent discrimination and protect and promote the rights of vulnerable female detainees, this in particular must be addressed and protected. Once it is, detained women will be much more able to act as their own advocates.

Many women are at their most vulnerable during admission

Given the common backgrounds of women offenders as mothers, victims of abuse and substance abusers, their needs on entry to detention, and in the planning of their rehabilitation, are different and arguably greater to those of men. Our findings from prisons have highlighted the strong need for receiving staff who are well trained and gender-sensitive, for comprehensive medical screenings, and screenings for abuse, and for an atmosphere and process that attempts to reduce stress and orient women in ways that they understand. This extends particularly to the use of search procedures (found to often be degrading in at least three countries), and allowing women to arrange for the care of children left outside — two areas that caused the most distress among those with whom we spoke.

Poor conditions in detention can have gendered roots and harmful effects

During interviews, inmates regularly described the affronts to their dignity as they struggle to keep themselves clean during menstruation or after giving birth; they have expressed their fear, guilt and helplessness at failing to keep accompanying children clean and healthy; and they have revealed a vulnerability to exploitation and abuse, particularly in police custody, when facing certain deprivations.

Degrading treatment in detention is often differently expressed towards women, and differently experienced.

Our findings suggested a decline in incidents of violence against women in detention, and frequent compliance with international standards on separating men and women in most prisons and pre-trial facilities. Yet, women in most of the countries still reported abusive treatment and attitudes from staff, often with a focus on the humiliation of degrading search procedures, verbal abuse, and arbitrary or degrading forms of discipline, as well as cruel, inhuman and degrading treatment in police custody. A number also mentioned the arbitrary use of solitary confinement —even in response to self-harm. It should be noted that the highest indication of depression and the lowest sense of morale were found by DIGNITY to exist in prisons where more authoritarian structures and negative_relationships between staff and inmates were reported, and in which women felt stigmatized and isolated from caring relationships.

RECOMMENDATIONS

Drawn from research in five very different countries, these recommendations address the most urgent and common gaps, as described by those living in places of detention, and those working with them. Each cuts across a number of the themes in this study, and aims to supplement, enrich and focus reform processes on detention of women, as required by international standards.

FOR UN TREATY BODIES:

Ensure that all Committee members are fully aware of the Bangkok Rules, the gaps that the Rules aim to fill, and the need for them to be championed by the treaty bodies, particularly in the areas of concern highlighted below**.**

FOR STATE PARTIES AND THEIR PRISON ADMINISTRATIONS:

Incorporate consideration for women's particular needs and vulnerabilities – as reflected in the Bangkok Rules – in *national rules and regulations* on women in detention

Adapt, distribute, and train staff to adopt *gender-responsive regulations* based around the Bangkok Rules for each facility. Ensure that these are written into a sustainable policy framework rather than being the *ad hoc* actions of individual enlightened staff**.**

Management and Staff

Appoint *gender sensitive, welfare-oriented managers of women's prisons*, and train all staff in communication and dynamic security approaches to combat gender-based stigma and degradation in control and discipline practices. Empower staff to have more personal contact with inmates.

Champion, fund and train more *gender-sensitive welfare officers*. These staff can play the most important role for female detainees because they can identify and attend to those who are most vulnerable and marginalized, provide inmates with the personal attention they crave, and can act as a gender-sensitive information point.

Information Systems and Contact with the Outside World

Analyse *systems and channels of information* for detainees from a gender perspective; address any gaps with processes that allow women to comfortably seek and receive seek accurate information.

Ensure that the *post natal care and decision-making process* is well informed and supported. Support the opening of (unlimited and free) channels of information between women and their children or children's carers, particularly where a detainee is considering adoption, and relax restrictions on phone calls and visits while these are made.

Address and remove any discriminatory policies, practices and attitudes that breach the rights of *unmarried mothers* to information about, contact with and custody of their children.

Allow and help to facilitate at least weekly *contact visits* between women and their children, particularly babies, in comfortable low-security conditions and for multiple hours, with facilities for overnight or long term accommodation for young children.

Admission, Safety and Security

Review and modify *admission practices* so that they take a stronger welfare approach, in line with women's experiences of the first days in prison as the most traumatic. Place particular focus on eliminating degrading admission procedures.

Stringently review and reform practices and conditions in *police custody*, with focus on prevention of gender-based violence and sexual harassment.

Hygiene, Health, Safety and Security

Be aware of the degradation felt by many women and their increased risk of exploitation when basic hygiene necessities are not provided. Provide these in line with international standards, and allow outside organizations and well-wishers to supplement — not replace — this duty.

Increase women's access to psychological support and therapy groups, particularly regarding gender-based violence, stigma and separation anxiety.

Ensure that female inmates have direct access to female nurses, and do not need to report health concerns publicly.

Regime and rehabilitation

Develop programmes that will train women in skills to prepare them for their release, and independent living.

Provide and encourage participation in a daily exercise programmes that will appeal to women detainees and help to boost their health and morale.

FOR NGOs:

Better publicize the Bangkok Rules and other international standards and best practice regarding gender-sensitive prison management among prison administrations worldwide.

Support the systematic integration of the Bangkok Rules into training for all staff engaged with women inmates, and writing of related law and policy.

SELECTED ABBREVIATIONS

CAT	Committee against Torture
CEDAW	Committee on Elimination of Discrimination Against Women
CPT	European Committee for the Prevention of Torture
DIGNITY	DIGNITY – Danish Institute Against Torture
HRC	Human Rights Committee
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICTY	International Criminal Tribunal for the Former Yugoslavia
NGO	Non-Governmental Organisation
OHCHR	Office of the UN High Commissioner for Human Rights
OPCAT	Optional Protocol to the Convention against Torture
SMR	Standard Minimum Rules for the Treatment of Prisoners
SPT	Subcommittee on Prevention of Torture
SRT	Special Rapporteur on Torture
SRVAW	Special Rapporteur on Violence Against Women
UN	United Nations
UNCAT	Convention against Torture
UNCED	International Convention for the Protection of All Persons from Enforced Disappearance
UNCEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
UNCRC	UN Convention on the Rights of the Child
UNODC	UN Office on Drugs and Crime
WHO	World Health Organisation

INTRODUCTION

While all human beings are vulnerable when deprived of their liberty, certain groups in society are particularly at risk of abuse and other human rights violations. Women in detention constitute one such vulnerable group. Here, their needs and vulnerabilities can differ widely to those of men, whether due to gendered identities and biological differences — for example their roles as mothers or caretakers — or forms of discrimination, such as histories of violence and victimization.[4] These particular needs may be physical, vocational, social, legal or psychological.[5]

> ***"They (staff) would say things like, 'you're too tired to clean the floor, but you weren't too tired to get yourself pregnant'."***
> ***— Inmate, Jordan***

As established under international law, women's specific needs require different and sometimes greater attention in order for women to enjoy their rights equally to men. Conditions of detention may both constitute direct discrimination – for example in those countries where women are detained in ill-equipped, makeshift annexes to the sides of men's prison. Yet in places where provisions for women are equal, their special needs may still not be taken into account, resulting in a discriminatory impact. As a minority in prison systems that are primarily designed and run by men, for men, female prisoners are often overlooked at the expense of their dignity, wellbeing and human rights. [6]

Purpose of the study

This study first of all seeks to generate an understanding of the particular needs and vulnerabilities of women in detention, and to identify what matters most to them. In order to capture the positive and promising developments in places of detention, DIGNITY also sets out to document 'good practices' in each of the countries researched. Secondly, the study aims at establishing to

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[4] Jenni Gainsborough, *Women in prison: international problems and human rights based approaches to reform*, William & Mary Journal of Women and the Law, vol. 14, No. 2 (2008), pp. 271-304.

[5] Office of the United Nations High Commissioner for Human Rights (OHCHR), *Dignity and Justice for Detainees Week: information note no. 5*, Geneva, 2008, p. 2.

[6] Approx. 625,000 women are held in penal institutions throughout the world, either as pre-trial detainees or having been convicted and sentenced. The female prison population is growing in all five continents and constitutes between 2 and 9% of the total prison population. World Female Imprisonment List, International Centre for Prison Studies, 2012.

what extent the international legal standards, which have been developed to protect women in detention, are enforced by the UN treaty bodies.

Scope of the study

The study consists of two strands of research:

Empirical research into the specific needs and vulnerabilities of women in detention, and 'good practices' of prison authorities in five countries across five regions of the world: Albania, Guatemala, Jordan, the Philippines and Zambia.

Desk research of the jurisprudence of the relevant UN human rights treaty bodies, notably the Human Rights Committee, the Committee Against Torture, the Committee on Elimination of Discrimination against Women and the Sub-committee on Prevention of Torture, assessed against the applicable international legal standards.

Both strands of research focus on seven key areas of prison life: admission and classification; physical and material conditions; safety and security; health care; information and complaints; contact with the outside world; and finally the prison regime: work, education and recreation.

Structure of the study

Each of the seven chapters – which align with the key areas of prison life mentioned above – [7] contains a brief introduction of the main issues at stake for women in detention, followed by an outline of applicable international law and soft law standards. This is followed by an assessment of the UN treaty body jurisprudence in the particular area, and finally, the experiences and needs of women themselves, via DIGNITY's findings from the detention centres and prisons researched.

Many of the issues raised in the individual chapters are intertwined, and the report highlights cross-cutting issues and rights throughout, along with boxes where these findings are particularly pronounced: torture and cruel, inhuman and degrading treatment, and conditions for pregnant women and new mothers.

[7] These are comprehensive but not exhaustive, due to time constraints. They have been based on our legal review, and the issues most commonly raised in interviews.

The locations and stages of detention also cut across the comparative sections, from police custody, to pre-trial detention and imprisonment.

The voices of those interviewed have been used wherever possible, with emphasis on the voices of women detainees themselves. By doing so, we hope to better ground the study in their perspectives and experiences, and remind the reader of the human cost when detention-related policies are insufficient or discriminatory.

> ***"Throughout the world, women prisoners face similar human rights violations relating to the causes that led to their imprisonment, the conditions they face in prison and the consequences of their incarceration." — UN Special Rapporteur on Violence against Women***[8]

Terminology

The terms 'prisoner', 'detainee' and 'inmate' are used interchangeably to denominate any person who is deprived of his or her liberty, including individuals detained in jails awaiting arraignment, trial or sentencing; and those who have been convicted and are serving a prison sentence.

The terms 'pre-trial detainee' or 'remandee' refer to persons who are detained in custody before and during trial.

Methodology

For the **qualitative research**, DIGNITY has applied a human rights-based methodology tailored for detention monitoring, heavily influenced by prison ethnography – a more immersive and subjective approach. This was grounded in a wish to understand 'what matters most' to the women themselves, and to capture what human rights violations they suffer in detention.

This research, presented as a comparative thematic analysis, based on five country studies, was conducted in Albania, Guatemala, Jordan, the Philippines and Zambia in 2013 and early 2014, among almost 90 prisoners and ex-prisoners in 11 facilities, and over 80 prison staff and others working with detained populations, from NGO staff to lawyers, chaplains and social workers. In total, researchers spent more than 20 days inside prison.

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[8] Report of the UN Special Rapporteur on Violence Against Women, *Pathways to, conditions and consequences of incarceration for women,* UN Doc. A/68/340, 21 August 2013, para. 1.

With the help of local research assistants, NGO partners and interpreters, our researchers met with detained or formerly detained women for an average of 90 minutes.[9] Each session began with semi-structured interview guides, to allow the issues and experiences that matter most to the subject to arise naturally. A more structured set of human rights-based questions on prison conditions (framed around the issues and standards raised in the desk review) were then later introduced and woven into the discussion. In consulting those working with imprisoned women, DIGNITY used structured and semi-structured human rights-based interview guides. Researchers were also able to informally tour and observe most areas of prisons, and prison life during visits.

Interviews with prisoners were conducted in private. In a few instances where complete privacy was not possible, the questions posed were general and uncontroversial, to minimize the risk of subsequent reprisals. Confidentiality was ensured, and no informants have had their names released to authorities or anyone outside the research team, unless agreed with the informant, e.g. when a case was referred to legal aid services. All persons interviewed provided their informed consent. In recognition of the fact, that many prisoners experience psychological crisis and trauma and/or physical and social stress and suffering, a strategy was devised to interview them sensitively whilst at the same time gaining access to potentially painful, yet important information.

Life story and narrative interviewing provides the opportunity for the informant to share her own personal story and experiences and in this way, what matters to this particular individual. Interviewing technique developed for torture survivors was used to complement life story interviewing techniques with the aim of protecting inmates from re-activating trauma.

> ***"It was my first baby. I had stitches. Fellow inmates advised me on how to take care of them, and we can heat water here. It wasn't easy. I coped." – Inmate, the Philippines***

The **desk research** on the four above-mentioned UN human rights treaty bodies consisted of an analysis of their concluding observations to States parties during the period 2008-13, assessed against relevant international human rights treaties and soft law standards. The focus was heavily placed on the UN Standards Minimum Rules for the Treatment of Prisoners and, more specifically, on the UN Rules for the Treatment of Female Prisoners and Non-

[10] UN Doc. A/RES/65/229, 16 March 2011, available at: http://www.un.org/en/ecosoc/docs/2010/res%202010-16.pdf

Custodial Measures for Women Offenders, known as the Bangkok Rules[10] (see more below under Legal Framework). In addition, the assessment also included relevant provisions of:

International treaties: The International Covenant on Civil and Political Rights (ICCPR); International Covenant on Economic, Social and Cultural Rights (ICESCR); Convention on the Elimination of All Forms of Discrimination Against Women (UNCEDAW); Convention against Torture (UNCAT); and the International Convention for the Protection of All Persons from Enforced Disappearance (UNCED) and;

Soft law standards: The Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment; and the Basic Principles for the Treatment of Prisoners.

> ***"Most, when they're about to leave, they start to lose weight. They're worrying about how they are going to face society. For men, it's not so bad. But women think, how can I sustain my children? This fear of the unknown is hard." — Inmate, Zambia***

Legal framework

This study is founded on the binding standards set by the core international human rights treaties. A number of these are particularly endangered in situations of detention, and they cut throughout the thematic chapters below. In particular, norms and standards on **non-discrimination** of women allow the experiences of *women* specifically to be identified and analyzed.[11]

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[10] UN Doc. A/RES/65/229, 16 March 2011, available at: http://www.un.org/en/ecosoc/docs/2010/res%202010-16.pdf

[11] Non-discrimination and equality of rights for women is well established as a fundamental principle of international law, starting with the preamble to the UN Charter, and the basic principle of non-discrimination on grounds of sex is prescribed in several conventions, among them ICCPR Article 3 and ICESCR Article 3. However a full working understanding of discrimination against women has developed in both hard and soft law. Of particular importance is CEDAW, which pioneered the understanding of non-discrimination as any "distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women" of their human rights and fundamental (Art. 1). CEDAW also provides the legal basis for special measures being taken to ensure de facto equality between men and women, including policies and practices that make up for practical disadvantages faced by women prisoners (Art. 4). The same principles are reflected in Principle 5 (2) of the Body of Principles for the Protection of All Persons under any Form of Detention of Imprisonment.

We have also paid close attention to **the prohibition against torture and cruel, inhuman and degrading treatment (CIDT)** and the recognition that detained women are at greater risk of gendered forms of torture and ill treatment, among them: rape, sexual abuse, violence against pregnant women, and certain forms of mental and verbal abuse.[12]

Meanwhile **the right to health**, although addressed in the healthcare section, has a cross-cutting and gendered impact throughout all the themes in the study, from the physical conditions of prison, to women's contact with the outside world.[13] A number of other key rights, from the right to privacy, to the protection of the family, also hold important and different meaning for women in detention, as highlighted recently by the Special Rapporteur on Violence Against Women (VAW).[14]

The framework for this study also includes **UN standards specific to detention.** On the specific treatment of prisoners, the Standard Minimum Rules for the Treatment of Prisoners (Standard Minimum Rules, or SMR) of 1957,[15] currently under review,[16] are central to detainees' protection, and within them principles of non-discrimination and individualization of treatment are

[12] It is now well recognized that gender-specific violence lies within the definition of torture in the UNCAT, and that detained women are at greater risk of gendered forms of torture and ill treatment, among them: rape, sexual abuse, and violence against pregnant women, and mental and verbal abuse. As stated by CEDAW's General Recommendation 19, gender-based violence, including torture and CIDT, is also an expression and product of discrimination within the meaning of Article 1 of the Convention, which is reiterated in documents such as the UN Declaration on EVAW, reports of special rapporteurs, and international case law. While such violence and degradation receives close attention in our findings on safety or security, other forms of CIDT in detention range from conditions of detention, such as hygiene, healthcare, and the denial of reproductive rights — all of which have gendered implications.

[13] This is founded on the ICESCR's Article 12 and the Committee's General Comment on the Right to Health in 2000, and also read in the light of CEDAW's Article 12 on health, which provides specifically for women's right to equal health care, and special measures relating to pregnancy, confinement and the post-natal period.

[14] In the 2013 report on women in detention the Special Rapporteur on VAW notes that "women in prison are routinely watched/placed under surveillance, with reports of attempts by male guards to watch women in various stages of nudity, including while undressing, bathing, using the toilet and during medical examinations."

[14] Report of the Special Rapporteur on violence against women, *Pathways to, conditions and consequences of incarceration for women,* 21 August 2013, UN doc. A/68/340.

[15] Adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955, and approved by the Economic and Social Council by its resolutions 663 C (XXIV) of 31 July 1957 and 2076 (LXII) of 13 May 1977.

[16] For more information on the review process, please see http://www.unodc.org/unodc/en/justice-and-prison-reform/expert-group-meetings6.html

fundamental (Rules 6 and 63 (1)).[17] Important guidance to the interpretation of the SMR can be found in the commentary to the Rules, drafted by the UN Office on Drugs and Crime (UNODC).[18] The SMR have been enhanced by further UN instruments, such as the Body of Principles for the Protection of All Persons under any Form of Detention or Imprisonment ('Body of Principles'),[19] and the Basic Principles for the Treatment of Prisoners ('Basic Principles').[20]

The **Bangkok Rules**, adopted by the General Assembly in 2010, provide the most comprehensive framework for this study and informs its thematic structure.[21] It constitutes an important step in closing a gap in the international framework by providing guidance on addressing this discrimination and meeting the specific needs of this group. Of particular significance is Rule 1, which highlights principles of non-discrimination in relation to women prisoners, and lays out the state obligation for gender sensitive prison management policies, while emphasizing that the implementation of these policies must be done equally for different groups of women, and achieved consistently throughout the detention cycle in a holistic manner. This covers regime activities and provisions, via legal and practical measures. The UNODC has also prepared an official commentary to the Bangkok Rules,[22] which was not intended for adoption by the UN, but is agreed by international consensus.

Upcoming developments: The process of revising the Standard Minimum Rules began in 2010,[23] and will be negotiated by an inter-governmental Expert

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[17] This is emphasized in the Commentary to the Bangkok Rules, Rule 1, which notes that the SMRs require that each prisoner's individual needs should be taken into account and provided for, so that no prisoner experiences any discrimination in their treatment and the outcomes of their treatment.

[18] Notes and Comments to the United Nations Standard Minimum Rules for the Treatment of Prisoners are available at: http://www.unodc.org/documents/justice-and-prison-reform/AGMs/Notes_and_comments-1250048-DMU_version.pdf

[19] UN Doc A/RES/43/173 of 9 December 1988. Available at: http://www.un.org/documents/ga/res/43/a43r173.htm

[20] UN Doc. A/RES/45/111 of 14 December 1990. Available at: http://www2.ohchr.org/english/law/basicprinciples.htm

[21] UN Doc. A/RES/65/229 of 21 December 2010, available at: http://www.unodc.org/documents/justice-and-prison-reform/crimeprevention/UN_Rules_Treatment_Women_Prisoners_Bangkok_Rules.pdf General Assembly resolution 65/229 of 21 December 2010.

[22] Commentary to the draft United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules Commentary).

[23] UN Doc. A/RES/65/230 of 21 December 2010, available at:

http://www.un.org/depts/dhl/resguide/r65.shtml. For more information on the review process,

Group before being put to the Commission on Crime Prevention and Criminal Justice, and to the Economic and Social Council (ECOSOC) and UN General Assembly for adoption.[24] Meanwhile the CEDAW Committee is in the process, through a working group on women's access to justice, of writing a General Comment on the topic. Groups such as Penal Reform International are working to better include the needs and rights of women through these processes. [25]

Limitations

Because the research is qualitative, with limits in size and scope, it has not been possible to map all of the vulnerable groups among women in detention, and the issues particular to these groups.[26] It should be noted also that research in and outside of prisons was conducted freely and independently in each country except for Jordan, where contrary to our request, a small number of inmates were chosen by staff and closely monitored during interviews, and permission was not given to interview staff other than the director. For this reason, as noted below, the study relies more heavily on research provided by ex-prisoners and other interviewees.

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please see http://www.unodc.org/unodc/en/justice-and-prison-reform/expert-group-meetings6.html

[24] UN Doc. E/CN.15/2014/L.9.

[25] See for example, Penal Reform International, *Popular as a victim, forgotten as a defendant*, February 2013, penalreform.org

[26] While we have spoken to minority women in each country where possible, including ethnic, religious and sexual minorities, and foreign migrants, the interviews were too few to be considered representative.

CHAPTER I
ADMISSION AND CLASSIFICATION

"The first day is the most horrible, the most humiliating."
– Inmate, Jordan

For many women, the first days in prison are among the most distressing and traumatic. This is particularly so for those from societies in which spheres for women are smaller, and limited to their families and communities. There is a fear of the unknown and a strong sense of helplessness, shock and shame, and research has suggested that suicide and self-harm are a particular risk for women at this time.

Given the common backgrounds of women offenders as mothers, victims of abuse and substance abusers, their needs on entry to detention, and in the planning of their rehabilitation, are different and arguably greater to those of men.[27] As the Kyiv Declaration on Women's Health in Prison notes, it is not uncommon for a woman to enter detention — separated from her family and in a state of great anxiety — and on receiving her first health check in a long time, find that she is both pregnant and HIV positive.[28]

With the adoption of the Bangkok Rules in 2010, international standards cover this area comprehensively, and provide for gender-sensitive measures that address women's specific needs. Positively, the UN treaty bodies have increasingly addressed the issues of admission and classification in their concluding observations to States. Yet, DIGNITY has found that the treaty bodies have only rarely referenced women in their growing attention to the subject.

Our findings from places of detention have highlighted the strong need for receiving staff who are well trained and gender-sensitive, and for an atmosphere and process that attempts to reduce stress and orient women in ways that they understand. This extends particularly to the use of search procedures, and allowing women to arrange for the care of children left outside – two areas that caused the most distress among those we spoke with.

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[27] Jenni Gainsborough, *Women in prison: international problems and human rights based approaches to reform*, William & Mary Journal of Women and the Law, vol. 14, No. 2 (2008), pp. 271-304.

[28] United Nations Office on Drugs and Crime & World Health Organisation (UNODC & WHO), *Women's health in prison: Correcting gender inequity in prison health*, 2009.

Reports about orientation on prison rules and regimes varied widely, yet there were cases in all countries except Albania in which this was mostly left to other inmates. DIGNITY found no cases in which women are provided with written information about the prison regime and regulations.

Similarly, prompt and comprehensive medical screenings were found to be limited or lacking in all but a few prisons visited. This worryingly suggests that the prison administrations are not, as required by international standards, addressing the women's health, welfare, rehabilitation and security needs, with particular attention to gender-specific risks and conditions, ranging from ill-treatment in custody, to mental illness, self-harm or HIV. However, our findings also highlight a best practice in this regard.

INTERNATIONAL STANDARDS

International standards on admission and classification of prisoners are found in article 10 of the International Covenant on Civil and Political Rights (ICCPR). This legally binding international provision is further expanded in soft law standards in the SMR (Rules 8, and 67-69), the Body of Principles (Principles 24-26) and the Bangkok Rules (Rules 35, and 40-41).

Classification and individualization: The ICCPR requires the separation of certain categories of prisoners, such as accused from convicted persons, and juveniles from adults.[29] The SMR Rules 8, 67 and 69 outline the approach to monitoring, classifying and separating new arrivals from a security and rehabilitation perspective, and hold that sex, age, criminal record, the reason for detention and the treatment needed, be taken into account. Much more comprehensively, the Bangkok Rules 40 and 41 require methods that ensure 'appropriate and individualized planning and implementation' for inmates' rehabilitation, highlighting the generally lower security risk posed by women, and their different histories and mental health needs. In Rule 41 (b) for example, this includes obtaining essential information about women's backgrounds of violence, mental disability and substance abuse, as well as parental and other caretaking responsibilities, while (d) requires those with mental health care needs to be housed in accommodation which is not restrictive, and at the lowest possible security level, where they can receive appropriate treatment. Attention should also be paid to the particularly

[29] Young prisoners must be separated from adult prisoners unless considered in the child's best interest not to do so. Article 37(c) of the Convention on the Rights of the Child. See Notes and Comments to Rule 8 of the SMR; and the Rules for the Protection of Juveniles Deprived of their Liberty, Rule 29.

harmful effects that high security measures and increased levels of isolation can have on women prisoners.

Information: Bangkok Rule 2 and SMR 35 require that women prisoners are given information about the regulations, regime and complaints procedures governing the treatment of prisoners of her category, in an accessible format. Critically, the Bangkok Rules also ensure that information is sought about the number and situation of detainees' children,[30] and allows them to make arrangements for those children,[31] including the possibility of a reasonable suspension of detention.

Medical screening on entry: The SMR and Body of Principles both require comprehensive medical screenings on entry,[32] but do not explicitly refer to screening for healthcare issues specific to women. The Bangkok Rules are much more comprehensive. Screening for health risks, such as sexually transmitted diseases, are called for, along with HIV testing and counselling in high-risk cases. The Bangkok Rules have built on the SMR's provision for "the noting of mental defects which might hamper rehabilitation" by calling for the assessment of mental health-care needs, including post-traumatic stress disorder and risk of suicide and self-harm. According to the Commentary to Bangkok Rule 41 on classification, this also aims to allow the appropriate security level to be identified, since "High security levels [...] will almost invariably further exacerbate existing mental health-care needs; and 'risk' must not be, as often is, exchanged for 'needs' when it comes to mental health care and high security." In screening for abuse, the Bangkok Rules call for prisons to fully inform victims of, and safely guide them through the steps needed to seek legal recourse, and to provide access to specialized psychological support or counselling. They also provide for confidentiality, and for the screening of accompanying children, which takes into account the different experiences of anxiety and shame among women on entry to prison.

[30] Bangkok Rules 3.
[31] Bangkok Rules 2.2.
[32] Boy of Principles, Principles 24- 26, and SMR 24.

UN TREATY BODY REVIEW

The UN treaty bodies address the issues of admission and classification in a growing number of their concluding observations to States and in their country visit reports, particularly since 2010. Yet for women, this issue is raised less than a handful of times among more than 200 reports.

Admission to the detention facility has been addressed by CAT and SPT in the context of prompt registration of detained persons as an important measure to prevent torture, systematic and regular updating of detention registers; and the establishment of a uniform system for recording admissions in prison.[33] However, the focus has largely been gender-neutral.

Classification of inmates has also received attention from several UN treaty bodies, which have recommended that States undertake prompt action to implement a new classification of inmates and allocation of cells.[34] One of the most comprehensive gender-sensitive examinations is by CEDAW, which recommends the redesign of Canada's classification system for women in the federal prison system, because women who generally pose a low security risk are classified at a maximum-security level, which restricts their access to work and community programmes, and to aboriginal healing lodges.[35] CAT meanwhile gives a brief mention of separating asylum seekers from remand prisoners in Germany, especially women awaiting deportation, but without reason or elaboration.[36]

Medical examination of detainees upon their admission to a place of detention has likewise also been recommended by CAT, SPT and HRC in several of their reports.[37] This safeguard against torture is increasingly being mentioned both in relation to police custody and prisons, sometimes even as a mandatory requirement, but again without any specific reference to women.

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[33] UN Doc. CAT/C/SYR/CO/1, Concluding observations on Syria (2010), para. 7; UN Doc. CAT/C/CMR/CO/4, Concluding observations on Cameroon (2010), para 11; CAT/C/MDA/CO/2, Concluding observations on Moldova (2010), para 10 (d); UN Doc. CAT/OP/HND/1, Country visit report on Honduras (2010); and UN Doc. CAT/OP/MEX/1, Country visit report on Mexico (2010).
[34] UN Doc. CAT/C/NET/CO/4, Concluding observations on the Netherlands (2007), para 11 (c).
[35] UN Doc CEDAW/C/CAN/CO/7, Concluding Observations on Canada (2008), paras 33-34
[36] UN Doc CAT/C/DEU/CO/5, Concluding Observations on Germany (2011), para 24
[37] UN Doc. CAT/C/MDA/CO/2, Concluding observations on Macedonia (2010), para 10 (b); UN Doc. CAT/OP/BEN/1, Country visit report on Benin (2011), UN Doc. CAT/C/TJK/CO/2 Concluding observations on Tajikistan (2013), para 8 (e), UN Doc. CCPR/C/JOR/CO/4, Concluding observations on Jordan (2010); and UN Doc. CAT/OP/PRY/1, Country visit report on Paraguay (2010).

FINDINGS FROM FIVE COUNTRIES

Admission procedures

Humiliating or degrading treatment is particularly memorable and traumatizing for women at the admission stage. Our interviews revealed practices such as rough or humiliating search and reception procedures (see Safety and Security) — the memory of which brought two ex-offenders to tears — and embarrassing orientations among inmates, condoned by staff.

> ***"I felt like I lost all my feelings. I was totally naked, they were shouting at me. I was made to feel like a common criminal." – Inmate, Jordan***

In the Philippines, in both the prison and jails, DIGNITY found a practice of isolating women in a 'holding facility' for between one and three months, with ten or more new arrivals, under restricted access to activities, contact with family, and other inmates. Staff explained that this is meant to prepare them gradually for prison life while identifying their needs, particularly in terms of substance abuse. While some women appreciated the slow introduction to the prison regime and environment at an anxious time, others reported that the practice increased their anxiety and depression. In some cases they were in their small cells for 23 hours per day, denied basic freedoms such as telephone calls, and kept from activities. While this may make women easier for staff to 'induct' and handle, it was found to be at odds with many of their need – particularly the restrictions on family contact – and not in line with international standards.

Arrangements for children

One of the greatest sources of stress for women on admission, is their children. Some may have been kept in pre-trial detention for weeks without having had the chance to call or see family members; some may not have been able to make arrangements for their children at all, in violation of the Bangkok Rules. These women speak of feeling frantic, of not being able to eat or sleep for days on end. This sense is particularly acute among new mothers, and mothers of young children.

> ***"My mind is filled with so much worry and I am totally confused, so food at the time was not a necessity or something that came to mind." — Inmate, Zambia***

Screening on entry

Screening processes on entry vary from one country to the next. In Albania and the Philippines, there is dedication to examining women for signs of mistreatment as well as physical and mental illness. The screening treatment is commendably comprehensive, involving multidisciplinary teams to determine women's physical, mental and other welfare needs [see Good Practice box below].

In the four other countries, testimonies from inmates, and the low number of healthcare staff, particularly female staff, suggest large gaps at best — such as no testing for sexually transmitted diseases or HIV, or mental health screening — and cursory or no checks at worst. One inmate in the Philippines reported that her doctor's records were not accessed when she was arrested eight months into her pregnancy, even though she gave birth while detained. In Zambia, some welfare staff try to make up for the scarcity of health checks on arrival by speaking with women about their health conditions, but they note that many inmates fall through the cracks due to understaffing and an unsystematic approach. Signs of abuse, trauma or health and welfare needs, particularly related to children, therefore can commonly go unidentified.

Good practice: Albania's 'Waiting Commission'

Albania's multidisciplinary admissions committee offers a good practice among the five countries researched. In both the pre-trial and correctional institute, a 'waiting commission' admissions team determines the needs of each newcomer in succession. This is made up of a psychologist, social worker, medical doctor and security representative. DIGNITY was informed that each writes a plan for the inmate's welfare, with particular attention to signs of anxiety, depression and other mental health issues. NGO staff commented that the admissions process is often more thorough for women than men.

Classification

Inmates spoke of the shock of adapting to life among different kinds of women in detention. This is most acute for those who had previously lived sheltered lifestyles. "It feels like hell, dealing and living with people from different lifestyles and backgrounds, like drugs, prostitution," said one inmate. "Everything is talked about openly."

However, in some larger facilities, positive programmes are being developed that are introducing and orienting women gradually into prison life, notably in Jordan and the Philippines. DIGNITY found that in most cases, other than Guatemala, efforts were made to group inmates by education level, religion, and ethnicity, often with flexibility to transfer cells. For example, one Indonesian woman wanted to disassociate herself from the Indonesian community in a Jordanian prison, while a Muslim in the Philippines preferred not to be detained in a Muslim group, and both were permitted to do so.

However, separation of different categories of prisoners according to their age, criminal record, the reason for their detention and the treatment necessities, as required by the SMR, is not carried out consistently, if at all, in any of the researched countries. For instance, inmates in Zambia and Jordan, particularly pre-trial detainees and mothers with accompanying children, are held together with inmates who are sentenced for violent acts and indecent assault. This is a source of distress among some of the mothers, as well as other prisoners who have children outside of the prison. "You sleep every night through the crying of babies," explained one inmate. "Maybe you haven't seen your own children for seven years. You're going crazy."

Meanwhile, although some prisons completely separate inmates with accompanying children from others for their own health and protection, DIGNITY found that this practice can risk secluding women, and excluding them from activities, which may exacerbate forms of depression, including post-partum depression [see Healthcare, Box: Pregnant Women and New Mothers].

CHAPTER II
PHYSICAL AND MATERIAL CONDITIONS

"These things make you feel inhuman if you concentrate on them, so you try to forget them and accept life." — Inmate, Zambia

Every detainee will be profoundly affected by the physical environment, from the amount of light they get, to the quality of the food and cleanliness of cells. Yet, some conditions or deprivations can be more common among particular groups, and can be experienced in different ways, depending on the identity of the prisoner.

In 2008, the UN Special Rapporteur on Torture raised the bar for the protection of women by introducing a gender-sensitive interpretation of torture; in the context of detention, he acknowledged that poor hygiene, among other conditions, can have a more adverse impact on women in detention compared to men.[38]

DIGNITY has found this to be the case in various areas of prison life, with negative and far reaching consequences. During interviews, inmates have regularly described the affronts to their basic dignity as they struggle to keep themselves clean during menstruation or after giving birth; they have expressed their fear, guilt and helplessness at failing to keep accompanying children clean and healthy; and they have revealed a vulnerability to exploitation and abuse — particularly in police custody — when facing certain deprivations.

The Bangkok Rules now address these issues with gender-sensitive provisions on accommodation and hygiene, which boosts the protection given by the Standard Minimum Rules. The UN human rights treaty bodies often express concern about physical and material conditions of detention in their concluding observations to States, and sometimes this concern addresses women's particular conditions. However, our research has found this concern to often be framed in a gender-neutral manner, and with little or no reference to the Bangkok Rules, or the particular needs and vulnerabilities that they address.

[38] UN doc. A/HRC/73, para 41

INTERNATIONAL STANDARDS

International standards relating to detainees and prisoners' physical and material conditions of detention can be found in the umbrella provision in article 10 of the International Covenant on Civil and Political Rights (ICCPR). This protection is further strengthened by soft law provisions in Rules 9-20 of the SMR and Bangkok Rules 5 and chapter II on rules applicable to special categories of prisoners.

Sanitary installations: According to the SMR all prisoners should have access to a toilet, unrestricted where possible, and to adequate bathing; additional access shall be granted to pregnant and nursing mothers. All parts of a place of detention that is regularly used by prisoners should also be kept scrupulously clean at all times to ensure that the prison environment is not damaging to inmates' health. [39]

Personal hygiene: Hygiene provisions must ensure detainees' 'health and cleanliness' and 'self-respect'.[40] The provisions on women, sanitation and hygiene were eventually strengthened and made "to meet women's specific hygiene needs" by the Bangkok Rules, and includes providing sanitary towels free-of-charge and a regular supply of water.[41] Particular attention is to be paid to pregnant, breastfeeding and menstruating women.

Food: While the SMR lay out a general obligation to provide detainees with free and sufficient food of wholesome quality, and drinking water,[42] their notes and comments mention sex as a factor that should influence diet, and that special provision should be made for pregnant and nursing women in order to meet their dietary needs. The Bangkok Rules expand on this for pregnant or breastfeeding women, noting that they should be fed according to a specific programme, as drawn up and monitored by qualified health practitioners, and that food should be 'adequate and timely,' suggesting that such women should not have to wait too long between meals.[43] This addresses gendered needs and consequences, as outlined in a 2013 report by the Special Rapporteur on Violence Against Women, which notes that inadequate quantities of food and poor nutrition: "can result in starvation and malnourishment, including for pregnant or nursing women; it can become a commodity traded for sex and the poor quality and nutritional value may

[39] Rules 12-13 of the SMR.
[40] Rule 15-16 of the SMR.
[41] Rule 5 of the Bangkok Rules.
[42] Rule 20 of the SMR.
[43] Rule 48 of the Bangkok Rules.

endanger the health of inmates, including impacting the ability of mothers to breastfeed babies." [44]

UN TREATY BODY REVIEW

The UN treaty bodies often raise **physical and material conditions** of detention as an issue of concern generally in their concluding observations to States, but this is mostly done in a gender-neutral manner. Poor conditions of detention for women have been addressed in less than ten out of 236 reports. Most of these references indicate overcrowding, a lack of hygiene and general 'inadequacy', particularly for women and children, but without analysis of the gender-specific impact, or how these conditions should be improved for women specifically.

A noticeable exception can be found in the SPT's report on Mexico (2010).[45] Here it carried out an examination of the conditions of detention for women and listed a wide range of problematic findings, such as overcrowding, poor hygiene, shortage of drinking water, complete absence of hot water, and poor sleeping facilities. The SPT made several recommendations to the local place of detention, including the need for babies and children of female detainees to be accounted for so that sufficient space, food and water is assigned in women's quarters, and to the State level, such as the need to develop policy proposals and ensure sufficient budget allocations, in order to adequately incorporate women. Generally, however, the SPT fails to undertake a gender-sensitive analysis of the causes of the poor conditions or their repercussions for the women, despite its attention to the issue.

Sanitary installations and **hygiene** are not comprehensively referenced in terms of women's needs. In the same SPT report on Mexico for example, it is noted simply that women have no access to hot water, without highlighting why this may be necessary for their basic human rights as women. Similarly, a delegation observes that a woman in Benin was held in police custody with her eight-month-old baby in foul and unhygienic conditions, yet gives no mention to the distress or dignity of the mother.[46] It has been occasionally observed that women's accommodation spaces are smaller, with more restricted access to sanitation facilities, but without further elaboration as to why, or the impact.

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[44] Report of the Special Rapporteur on violence against women, *Pathways to, conditions and consequences of incarceration for women,* 21 August 2013, UN doc. A/68/340, para 52

[45] UN doc. CAT/OP/MEX/1, Report on Mexico (2010), para 184-88, and 261-67.

[46] UN doc. CAT/OP/BEN/1, Report on Benin (2011), para 114

Food is an issue that is rarely focused on by the UN treaty bodies, except for the SPT, which has addressed it a few times in relation to children in prison with mothers, and breastfeeding women.[47] In Mexico, the SPT notes the need for women to share an already meagre food ration with children, and calls for a full census of the number of babies and young children living with their mothers in prisons, in order to ensure that supplementary food rations are distributed.

At the **normative level**, the SPT also raised the bar by pointing out that the treatment of women in detention should not only be guided by the SMR, but by all applicable international and regional human rights instruments and standards.[48] While this point is commendable, it is surprising that the SPT does not make any reference in its own reports to specialized UN standards, such as the Bangkok Rules. Indeed, the four UN treaty bodies researched have all gradually and increasingly started referring to the Bangkok Rules in their concluding observations since 2011, yet the individual rules are rarely mentioned, indicating a gap in the knowledge of these specialized UN standards.

FINDINGS FROM FIVE COUNTRIES

> ***"Women are kept here in old facilities, but we have much better facilities in Albania, so you are seeing the worst part." – Official, Albania***

Conditions in police custody

In each country, the most degrading conditions by far were reported from police custody and police-operated jails. While these often reportedly breached the human rights of men and women,[49] gender distinctions were also made and raised. In Jordan we were told of one case in which a heavily pregnant woman was detained for an illegal period in squalid, unheated winter conditions, without access to healthcare. Some women spoke of their humiliation at having to ask to visit the lavatory to defecate – which in Zambia, for example, has been granted or denied by male personnel as a 'privilege' for 'good behaviour' – and their shame at using the toilet in front of prison staff or inmates. Others have been denied contact with family and, by extension,

[47] UN doc. CAT/OP/MEX/1, Report on Mexico (2010), and CAT/OP/BEN/1, Report on Benin (2011)
[48] Ibid, para. 184-201.
[49] These often involved a lack of bedding, food, running water, medical care, and contact with the outside world for extended, illegal periods of detention.

access to food or information. In the context of sexual harassment and abuse in custody, and the common lack of female personnel [see chapter on Safety and Security], this is a grave concern and vulnerability. DIGNITY heard of cases in Zambia in which police deliberately isolated women from outside help, including food, to coerce them into sex.

> ***"You become confused and so scared, you just submit, because you think that maybe this is the end of the world for me ... The police knew I couldn't get food. They knew I could die there." — Inmate, Zambia***

In most countries DIGNITY found a practice of holding women in informal spaces, such as offices or kitchens, due to a lack of separate cells. This may sometimes result in less degrading conditions, but is not an appropriate form of detention, and it may place the women at an increased risk of sexual and other abuse.

Conditions in pre-trial detention and prison: Accommodation

In prisons and pre-trial detention, prison staff or officials in three countries openly acknowledged that women are a kind of 'afterthought' in the prison system, and are provided with inappropriate and makeshift accommodation. This is often in or attached to men's formal facilities. Although women's compounds are often governed with lower security measures and more flexibility in the regime, the makeshift places were found by DIGNITY to be often claustrophobic and dark, with cramped living quarters, limited communal or recreational space, and a few dark, badly-maintained places to bathe, contrary to the international standards.[50] Just around half of the facilities visited for example conformed to the SMR (11a) on natural light.[51]

In such conditions, prisoners' morale was often very low. This was the case in Albania's pre-trial facility, where women occupy a dimly lit corridor of small cells, with a small outdoor yard; and in Zambia's Lusaka Central Prison, where the women spend evenings and nights in dark, concrete, overcrowded dormitory cells sharing old, narrow foam mattresses, and days in a dirt-floor compound at the side of a formal prison, surrounded by wire fencing.

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[50] Rule 9 and 13 of the SMR

[51] SMR Rule 11 (a) states that in all places where prisoners are required to live or work, the windows shall be large enough to enable the prisoners to read or work by natural light, and shall be so constructed that they can allow the entrance of fresh air.

> ***"I walk from the rooms into the yard, I walk from the yard to the bathroom, I walk back to my room. I walk back to the yard. That is all. – Inmates, Albania***

The better facilities were dedicated to women entirely. The best among these provided small groups of women with standalone bungalow-style dorms, which inmates had been able to keep clean and make home-like with handicrafts. However, large dormitory-style living was more common, and here DIGNITY found little or no privacy, and chronic overcrowding. We encountered cases in a number of countries in which women, including older and pregnant women, and women with children, slept on the floor on old, sheet-less mattresses, on padded linoleum flooring, or on flattened cardboard boxes – sometimes under the beds of others or close to squat toilets due to lack of space.

Good Practice: A homely, low security prison environment

Although the old military barracks are a challenging landscape for Albania's Ali Demi woman's prison, it has been transformed into an attractive, low security prison with a village-like atmosphere. Gardens are carefully tended, and surfaces painted brightly. Women have been permitted to make their dormitories and communal spaces homely, with self-made furnishings and pictures. The compound features a library with a study table and computers; a dining room and a counselling room, all tastefully decorated. Women sleep four to each dormitory, which open onto the main garden compound. The doors are never locked. On weekends, women pay social visits to each other's rooms, and drink tea together.

Other findings linked to overcrowding and low capacity of staff are discussed below. The former director of Albania's 325 Prison, for example, highlighted the link between overcrowding and mental health. "Our rates of self-harm have been decreasing year after year," she said. "Last year we had just four attempts, and in the past maybe eight or ten per year, but back then the overcrowding was worse."

> ***"You should smell the stench. All the kids are sick with diarrhea, and you've got this stench coming from the toilet,***

and someone sleeping with a baby next to it." — Inmate, Zambia

Hygiene and sanitation

The most common concern or complaint among those interviewed on accommodation, was hygiene, and space. Around half of the facilities provided hot water for free, and very few provided free cleaning materials, as required by the Bangkok Rules. In some countries, such as Guatemala and Zambia, women were reportedly not provided with any hygiene items at all, including soap. Several women spoke of finding it hard to keep clean through menstruation, or to adequately clean their clothes and kill lice. They also worried acutely about keeping the children with them clean, and relied on the kindness of other inmates to boil and fetch water while they healed from childbirth. A lack of ventilation in at least two facilities made drying laundry difficult. In one prison, damp, unclean underwear, one NGO staffer informed us, had been leading to urinary tract infections, which many women are often too ashamed to report [See Healthcare].

Sanitary towels are vital to female dignity, yet they were not found to be officially and systematically provided by the prisons administration in any facility. Many staff did their best to source these from outside organizations, yet did not always succeed. Inmates in Zambia who do not have sanitary pads try to use and wash pieces of cloth, often with inadequate or no detergent or warm water, unless they can afford the fuel to heat the fires. In some countries women must pay for towels, blankets, and even mattresses. In all but two facilities inmates relied on outside help, or their own finances, for their wellbeing and a dignified living, for the most basic of provisions. Yet, as noted throughout this study, female detainees are less likely than men to be economically independent, often receive fewer visitors, and may be provided with fewer opportunities in prison to earn money. They are therefore more likely to face deprivation, or be vulnerable to exploitative arrangements with staff, or other inmates [see more in Contact with the Outside World and Work and Education].

"Back then, as VIP you could buy the privileges like priority use of the toilet, and bathroom and water, and privacy. To fight for these things is demeaning. Those without VIP status would have to bathe in front of others in the bathroom." – Inmate, Philippines

Food

Food appeared to be nutritionally balanced in only some of the facilities observed, including the Philippines and Albania, and few offered supplementary diets for pregnant women; some inmates spoke of fear that they could miscarry as a result. "I was really craving," remembered one inmate, who had given birth while detained. "You need vitamins, fruits. Later you need milk, and things for the baby, but these are hard to get." While inmates appear to be happier when they are able to be involved in food preparation, in Zambia, women struggle to find the fuel to cook with, or supplementary nutrition, with some needing to beg others for it. The situation is particularly challenging for foreign detainees, who commonly receive no outside support. There is a strong sense of indignity among women in both Zambia and Jordan, related to the poor quality of food.

Inmates worry for the children who live with them in prison. DIGNITY heard of two cases in which women gave up, or almost gave up their children early to outside care because they could not source or afford the basic supplies they needed for them, although they did not want to do so. In one of these cases, a detainee's group mates tried to ban her from lighting an early fire to cook porridge for her small baby because it would use extra charcoal allocated to them, and she eventually requested that the child be sent to an orphanage.[52] In Guatemala, tight restrictions on food gifts from well-wishers, particularly milk and milk powder, can limit the ability for women to provide for their babies; contrary to the Bangkok Rules, milk is not provided, and young children are fed the same adult meals as all inmates.

> ***"From those like me who are from far places, it is difficult for us to get visits, and no one brings us food. This is the most important thing." — Inmate, Zambia***

One former inmate, in the Philippines, although detained ten years ago and not reflecting current conditions, raised the important consideration of comfort eating among women, where snack foods are available. "Protein was very little, and many were ill and sick, yet there was a tendency for many of us to crave food, because of the stress. So they were getting fat."

[52] DIGNITY was informed that welfare staff instead transferred her and her child to another facility.

Conditions for children

In countries that allow women to care for their young children in prison, three – in Albania, Jordan and the Philippines – had a facility with clean, well-equipped nurseries, where mothers can spend much of the day, or live full time. One in Jordan also provided a nursery for female staff. In Guatemala, while mothers were housed separately from other inmates in facilities that were slightly better with larger outdoor yards and friendly-decorated spaces, conditions were still generally poor. DIGNITY found that in the Philippines, mothers with children in one facility were obliged not to mix with others or join activities. Staff explained that this was for the safety of the child, due to hygiene conditions; however the mother felt lonely and isolated, and this could be a particular concern for women suffering from post-partum depression.

> ***"I fear for my child as we don't have a balanced diet so may be malnourished. I hope that we can get regular check-up for them and maybe a budget to allow for food that is nutritionally balanced." – Inmate, Zambia***

GOOD PRACTICE: Provisions for detained mothers and children in Albania

Albania's Criminal Procedure Code provides that a sentence can be postponed for pregnant women or new mothers, until their child reaches one year old. However, those who are detained can keep their children with them until they reach three-years-old, in special accommodation, with paediatric care provided, and a special care programme dedicated to relations with detainees' family. In the only women's prison, Ali Demi in Tirana, convicted women who are pregnant or with young children are housed with them in a special wing, in clean, modern, quiet and light rooms, next to a small, well equipped nursery. There is also a garden space, and clinic staff are in close attendance for support and advise. Staff arrange the same health checks for the children as those available outside of the prison and provide or help to source needed food and provisions. Mothers are able to mix with other inmates in the main prison area and participate in activities. According to staff, pregnant women in the pre-trial centre, will be transferred to this wing while they await trial.

CHAPTER III
SAFETY AND SECURITY

> ***"You are surrounded by men and powerless. There are no women to talk for you. They want to win as men."***
> ***— Inmate, Zambia***

The SMR require States to ensure that prisons are secure, safe and well-organized. Yet implementation gaps remain, and discrimination and gender norms influence the kinds of abuse and exploitation that detained women face, such as their experience of security measures and discipline, and their sense of mental insecurity and fear as well as their ability to respond, achieve change or justice. Meanwhile, since the structural and discriminatory causes of violence against women can reach into and be magnified in places of detention, it is important to understand and prevent the different types, frequency and impact of this abuse, and to stress the obligations of States to do so.

Our findings suggest there to be improvements in all five countries in recent years, with only few reports of violence, and frequent compliance with international standards on separating men and women in most prisons and pre-trial facilities. Yet women in most of the countries still reported abusive treatment and attitudes from staff, particularly via degrading search procedures and the arbitrary use of solitary confinement – even in response to self-harm – as well as inhuman and degrading treatment in police custody.

Responsive measures must be prioritized, from gender-sensitive admission, complaint and investigation processes, to training of staff in gender-sensitive communication and security approaches, in line with human rights obligations.

Meanwhile, although DIGNITY has found that this area receives the most attention among the UN treaty bodies, both the reporting and recommendations still often lack a gender element. The clear and harmful role of gender-based discrimination — whether in the form of discriminatory mindsets among staff or restriction in access to services – is rarely highlighted in this context, and requires much greater attention.

INTERNATIONAL STANDARDS

PREVENTIVE MEASURES

International standards on prisoners' safety and security are found in a few international human rights treaties, notably the Convention against Torture (UNCAT), the International Covenant on Civil and Political Rights (ICCPR) and the Convention on the Rights of the Child (UNCRC). This legally binding international protection is further boosted by soft law standards in Rules 27-34 of the SMR and Rule 22-24, and 31-32, of the Bangkok Rules.

Separation of female and male prisoners: International standards call for the strict segregation of men and women inmates.[53] However, the UN Special Rapporteur on Torture has in the case of Denmark concluded that communal living arrangements, where men and women live together, are acceptable, if voluntary and based on the female prisoner's free and informed decision.[54]

Separation of categories between female prisoners: A basic principle of international law is that accused persons shall be segregated from convicted persons.[55] Young prisoners must also be separated from prisoners unless considered in the child's best interest not to do so.[56] While the Bangkok Rules 40 to 41 state the general principle that classification methods should address gender-specific needs and circumstances, they offer no specific examples on the separation of categories.

Supervision by staff: The SMR prohibit any involvement of male officers in the supervision and attendance of women prisoners; women prisoner shall be

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[53] Rule 8(a) of the SMR stipulates that men and women shall so far as possible be detained in separate institutions; and in mixed institutions the whole of the premises allocated to women shall be entirely separate.

[54] Report of the Special Rapporteur on torture and other and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak, Mission to Denmark, UN Doc. A/HRC/10/44/Add.2 (2009), para. 58-63. The report notes that in some Danish prisons there is a practice of accommodating male and female detainees in the same premises based on the principle of normalisation of the detainees. The Special Rapporteur notes that the positive effects of such arrangements. It reduces aggression and other negative effects of deprivation of liberty; and the co-mingling of sexes tends to reduce the power dynamics at play amongst otherwise single-sex prisoner populations, either female or male), as reflected in the principle of normalization. On the other hand, in some cases it acts to reinforce male-female hierarchical relationships and carries the risk of violence against women and sexual abuse.

[55] See Article 10, 2 (a) of the ICCPR, and Rule 8 (b) of the SMR.

[56] Article 37(c) of the Convention on the Rights of the Child. See notes and comments to Rule 8 of the SMR. See also the Rules for the Protection of Juveniles Deprived of their Liberty (Rule 29).

attended and supervised only by female officers.[57] In follow up, the Bangkok Rules focus on the employment, training and empowerment of women staff in the view that this will create a safer and more rehabilitative environment for women prisoners. Recognizing the potential difficulties, in some countries, of hiring a fully female staff, the Rules set no obligation for health professionals to be female, but require them to be available if asked for by a woman inmate, or for male health professionals to be accompanied by female staff.

Institutional training and other measures: The Bangkok Rules explicitly state that women are a vulnerable group in places of detention because of their gender, and Rule 31 provides for protection against specifically gender-based physical or verbal violence. The Rules also require proper training of law enforcement personnel, and providing effective complaint, protection and counselling procedures for victims. This includes health and medical support for those who become pregnant as a result of sexual abuse.

Other provisions in the Bangkok Rules call for gender-sensitivity in assessing risk and classifying prisoners, which includes the need to screen women for histories of victimization, and provide accessible legal information for women who may have been ill treated by state actors during the criminal justice process. This speaks to the often more restricted ability of women to access legal information and assistance – often due unequal opportunities to earn and be educated – and the risk of harmful discriminatory mindsets among law enforcement staff, which can result in a gendered atmosphere of impunity.[58]

SEARCHES, DISCIPLINE AND PUNISHMENT

Body searches: Under international law, no one may be subjected to arbitrary or unlawful interference with their privacy.[59] The right to privacy is further elaboraed vis-à-vis prisoners in the Human Rights Committee's General Comment 16,[60] which highlights the need to protect dignity during personal searches, and for examinations to be conducted only by persons of the same sex.[61] This is carried through by Bangkok Rule 19, which states that only adequately trained female staff should conduct searches of women, in a way that is consistent with dignity and respect. It goes a step further with Rule 20,

[57] Rule 53 of the SMR.
[58] Bangkok Rules 7, 25, 29 and 31, and Commentary.
[59] Article 17 of the International Covenant on Civil and Political Rights.
[60] Human Rights Committee, General Comment no 16 concerning the right to respect of privacy, family, home and correspondence and protection of honour and reputation (Article 17) , UN Doc. A/43/40 (1998),
[61] Ibid, para 8.

by acknowledging the "harmful psychological and possible physical impact" that searches can have on female inmates, and urge the use of alternative screening methods, such as scans.[62]

The little-available commentary to the Bangkok Rules, stresses that cavity and strip searches should never be routine, but exceptional, and authorized via a legal procedure. It stresses that "special sensitivity" is required for women, who are likely "to feel the humiliation of undergoing intimate searches particularly", and highlights the risk of extra trauma for the many women who have been victims of sexual abuse in the past. It also critically notes that women can be impacted and inappropriately controlled by the fear of having their children searched.[63] The commentary states that no prisoner should suffer the humiliation of a full strip search, such as those conducted in most of the prisons in our research, and gives clear advice on procedures that will protect the dignity of the inmate.[64]

Discipline lies at the heart of prisoner safety and security. A firmly established principle is that discipline and order may not be maintained with more restriction than is necessary for safe custody.[65] While the use of **solitary confinement** is lawful under international law, when applied in accordance with the law and the principle of proportionality, the Basic Principles encourage States to abolish – or at least restrict – the use of solitary confinement as *punishment*.[66] The Bangkok Rules specifically prohibit both solitary confinement and disciplinary segregation for pregnant women, women with infants and breastfeeding mothers in prison, to avoid causing health complications, and to protect the welfare of children.

Other disciplinary sanctions, such as placing a prisoner in dark cells, are completely prohibited, while punishment by close confinement and reducing diets may not be used unless approved by a medical officer.[67] Restricting family contact for women as a matter of discipline, especially those with children, is prohibitively harmful to their mental health, and contrary to

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[62] In the notes and comments to SMR 27, it is noted that alternative methods to cavity searches could involve keeping prisoners under close supervision until such time as any forbidden item is expelled from the body.

[63] Commentary to the Bangkok Rules, Rule 21

[64] This includes the requirement strip searches only expose certain parts of the body in turn; the need for a clear written policy and authorization in advance, in writing, by the chief executive officer; and the personnel and instruments that should be used. It also notes that a strip or cavity search should not be conducted if it is likely to cause injury to the inmate.

[65] Rule 27 of the SMR.

[66] Basic Principle 7.

[67] Rules 31-32 of the SMR.

international standards.[68] Meanwhile, the use of **instruments of restraint**, such as handcuffs, chains, irons and strait-jackets, may never be applied as punishment.[69] The Bangkok Rule 24 supplements SMR restrictions on the use of body restraints, such as shackles, by prohibiting their use on women during labour, during birth and immediately after birth, and on pregnant women.[70]

UNCAT provides the main yardstick for the **responsibility to protect detainees from gender-based violence**,[71] which covers mental, physical and verbal gender-specific violence perpetrated by States, and also pertains to acts of violence by other detainees, if prison officials have failed in their responsibilities to protect. To neglect this responsibility is also a violation of CEDAW, as acknowledged by its General Recommendation 19 and reiterated in a raft of soft law documents, such as the UN Declaration on the Elimination of Violence Against Women.[72]

UN TREATY BODY REVIEW

GENDER-BASED TORTURE AND ILL TREATMENT

Among the UN treaty bodies, the issue of **gender-based violence and degrading treatment** receives the most attention for women in detention, with the strongest display of gender awareness, particularly regarding rape in custody — widely recognized in international law as torture in certain situations —[73] and sexual violence, including invasive body searches. Yet, compared to the weight and prevalence of violence against women worldwide,

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[68] Rule 23 of the Bangkok Rules.

[69] Rule 33 of the SMR.

[70] The Center for Reproductive Rights, as cited in the Bangkok Rules Commentary, stresses that unrestrained movement is critical during labour, delivery, and the post-delivery recovery period, and that limit a woman's ability to move, and alleviate the pain of her contractions (and may also decrease the flow of oxygen to her fetus by causing stress).

[71] UN Doc. E/CN.4/2006/6, 23 December 2005, Civil and Political Rights, including the Questions of Torture and Detention, Torture and other cruel, inhuman and degrading treatment, Report of the Special Rapporteur on the question of torture, Manfred Nowak, p. 14 Available at: http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G05/168/09/PDF/G0516809.pdf?OpenElement.

[72] In its resolution UN Doc. 61/143 of 19 December 2006, entitled "Intensification of efforts to eliminate all forms of violence against women", the General Assembly urged states to take positive measures to address structural causes of violence against women and to strengthen prevention efforts addressing discriminatory practices and social norms, including with regard to women in need of special attention, such as women in institutions or in detention.

[73] This includes acts by, at the instigation of or with the consent or acquiescence of public officials. European Court of Human Rights, Aydin v Turkey (57/1996/676/866), 25 Sept. 1997; CAT decision in V.L. V Switzerland, UN Doc. CAT/C/37/D/262/2005 and the judgements on Prosecutor v Delalic, et al, case No. IT-96-21-T, 16 November 1998 and Prosecutor v Furundzija, case No. IT-95-17/1-T, 10 Dec. 1998.

the attention paid by the UN bodies leaves room for improvement, both quantitatively and qualitatively.

Overall, the most comprehensive and frequent treatment among the treaty bodies comes from the Committee Against Torture, which in a few reports on average per year, has highlighted incidences of rape,[74] sexual violence,[75] and other forms of gender-based acts of torture and ill-treatment,[76] along with the harassment, humiliation and ill-treatment of women detainees by male staff.

In many of its concluding observations, CAT gives important recommendations on the need for gender-sensitive training among legal and medical staff to detect torture;[77] a gender sensitive approach for the training of those involved in the custody, interrogation or treatment of detainees; review of policies and procedures for the custody and treatment of detainees; and separation of female inmates from male inmates and staff. CAT also puts strong focus on measures for reporting, investigating,[78] prosecuting,[79] punishing and redressing gender-based violence, including health care and rehabilitation.[80] It should be noted that CAT's concluding observations on Ethiopia also mentioned the inadequate protection of children detained with their mothers from violence in places of detention, which will have harmful impact also on the mother.[81]

Compared to the other treaty bodies, CEDAW's gender analysis on violent abuses in detention is the most detailed, yet is limited to just a few countries in the six years reviewed.[82] Incidents are most strongly connected to the use of male staff as frontline guards, and the need for external redress and oversight mechanisms that are accessible to women prisoners. The most thorough treatment by overall comes from CEDAW, although outside of its concluding

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[74] UN Doc. CAT/C/KAZ/CO/2, Concluding Observations on Kazakhstan (2008); UN Doc. CAT/C/GUY/CO/1, Concluding Observations on Guyana (2006); and UN Doc. CAT/C/LKA/CO/3-4, Concluding Observations on Sri Lanka (2011).
[75] UN Doc. CAT/C/KAZ/CO/2, Concluding Observations on Kazakhstan (2008).
[76] UN Doc. CAT/C/LKA/CO/3-4, Concluding Observations on Sri Lanka (2011); UN Doc. CAT/C/NPL/CO/2, Concluding Observations on Poland (2005).
[77] UN Doc. CAT/C/SVN/3, Concluding observations on Slovenia (2011) and UN Doc. CAT/CJPN/CO/1, Concluding observations on Japan (2007)
[78] UN Doc. CAT/C/LKA/CO/3-4, Concluding observations on Sri Lanka (2011); and UN Doc. CAT/CJPN/CO/1, Concluding observations on Japan (2007).
[79] UN Doc. CAT/C/NPL/CO/2, Concluding observations on Nepal (2005) and UN Doc. CAT/C/ZMB/CO/2, Concluding observations on Zambia (2008)
[80] For example, UN Doc. CAT/C/MKD/CO/2, Concluding Observations on Macedonia (2008), para 14; UN Doc. CAT/C/ZMB/CO/2, Concluding Observations on Zambia (2008), para 27.
[81] UN Doc CAT/C/ETH/CO/1, Concluding Observations on Ethiopia (2011).
[82] UN Doc. CEDAW/C/TMK/CO/3-4, 9 November 2012, para 37.

observations. In its consideration of *Inga Abramova vs Belarus,* under the Optional Protocol,[83] the Committee has ruled that certain conditions of Abramova's detention in Belarus violated the Convention — partly because of the detention facility's failure to "adopt a gender-sensitive approach to the specific needs of women" — and reiterated that sexual harassment is a form of violence against women. It follows that "respect for women prisoners' privacy and dignity must be a high priority for the prison staff," with recommendations that draw from the Convention and the Bangkok Rules.[84] Among the reports of the Human Rights Committee and the Sub-Committee on Prevention of torture, consideration of violence and violent abuse against women are rare, and not comprehensively considered.[85]

DISCIPLINE AND SEARCHES

Of the other areas linked to women's safety and security, those long highlighted by the SMR are the most commonly raised. Most prominent among these is the **separation of female and male detainees**. This is sometimes raised well within the context of sexual violence and ill treatment,[86] yet opportunities are also often missed to make these links. For example, the SPT has reported that vulnerable female prisoners were working as prostitutes,[87] while one deftly observed that because women in the prison relied on male detainees for access to certain services, "the theoretical separation of women from men was in practice not implemented."[88] There would have been value in highlighting the risk and potential impact here in the context of gender-based violence, women's human rights, and the Bangkok Rules. Reports have also given occasional though commendable attention to the mental toll for women of such prolonged insecurity.[89]

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[83] UN Doc. CEDAW/C/49/D/20/2008, *Inga Abramova v Belarus*, Communication No. 23/2009, (2011).

[84] Ibid. In its recommendations the Committee largely addresses training and impunity. It instructed Belarus to provide safeguards to protect women detainees from all forms of abuse, such as complaint and accountability mechanisms, searching and supervision properly trained women staff; and the training of all personnel assigned to work with female detainees on gender-specific needs and human rights of women detainees.

[85] UN Doc. CAT/OP/PRY/1, Report on Paraguay (2010) para 138. Some examples referred to are physical and psychological violence and abuse such, often with a sexual character.

[86] More in depth recommendations in this regard can be found in UN Doc. CAT/C/PHL/CO/2, Concluding Observations for the Philippines (2009); and UN Doc. CAT/C/YEM/CO/2, Concluding Observations for Yemen (2009).

[87] UN Doc. CAT/OP/HND/1, Report on Honduras, (2010), para. 259.

[88] UN Doc. CAT/C/BEN/CO/2, Concluding Observations on Benin (2008), para 179.

[89] UN Doc. CAT/OP/MDV/1, Country visit report on the Maldives (2009), para 172.

With regard to **body searches**, CAT and CEDAW have long held that States should take steps to guarantee respect for the dignity and human rights of persons being searched[90] and to prevent all degrading treatment during body cavity searches.[91] Since 2009, CAT has expanded on States' obligations, stating that they should establish precise and strict guidelines regulating strip searches,[92] seek alternative methods to body cavity search for routine screening of prisoners,[93] and exercise strict supervision of body search procedures, by ensuring that they are performed in the least intrusive and most respectful way.[94] For CAT, the first major mention of gendered ill treatment during body searches was given in 2009.[95] Here, the Committee emphasizes that inspections of women's private parts can constitute cruel or degrading treatment, and that the State party should ensure that such inspections are carried out only when necessary, by trained female medical professionals and "taking every care to preserve the dignity of the woman being examined". The SPT builds on this in Brazil 2012, and in a positive move, recognizes the humiliation of women undergoing search procedures, with recommendations in line with and referencing the Bangkok Rules.[96] CEDAW considers the issue just once in regard to vaginal searches in its reports on Argentina, with reference only to compliance with international standards.[97]

Solitary confinement is a central issue in the UN jurisprudence, which is on the radar of all UN treaty bodies. Recommendations to States range from amending national legislation,[98] and reviewing and restricting the use of solitary confinement,[99] to using it as a last resort,[100] and prohibiting its use on

[90] UN Doc. CEDAW/C/ARG/CO/6, Concluding observations on Argentina (2010).
[91] UN Doc. CAT/C/CR/29/4, Concluding observations on Egypt (2002); UN Doc. CAT/C/CR/33/1, Concluding observations on Argentina (2004), and UN Doc. CAT/C/QAT/CO/1, Concluding observations on Qatar (2006).
[92] UN Doc. CAT/C/HKG/CO/4, Concluding observations on Hong Kong (2009).
[93] Ibid.
[94] UN Doc. CAT/C/GRC/CO/5-6, Concluding observations on Greece (20129, para 16.
[95] UN Doc. CAT/C/SLV/CO/2, Concluding observations on El Salvador (2009), para. 22.
[96] UN Doc. CAT/OP/BRA/1, Country visit report on Brazil (2012), para 118-19,
[97] UN Doc. CEDAW/C/ARG/CO/6, Concluding observations on Argentina (2010)
[98] UN Doc. CRC/C/DNK/CO/4, Concluding Observations on Denmark (2011); UN Doc. CRC/C/SPG/CO/2-3, Concluding Observations on Singapore (2011); UN Doc. CAT/C/ISR/CO/4, Concluding Observations on Israel (2009).
[99] UN Doc. CAT/C/COL/CO/4, Concluding Observations on Colombia (2010).
[100] UN Doc. CAT/C/JPN/CO/2, Concluding Observations on Japan (2013); UN Doc. CAT/C/PER/CO/5-6, Concluding Observations on Peru (2013); UN Doc. CAT/C/AZE/CO/3, Concluding Observations on Azerbaijan (2009).

children.[101] A few UN bodies also call for daily monitoring of confined persons by medical staff.[102] The Committee against Torture has recommended that solitary confinement be abolished, [103] particularly during pre-trial detention,[104] and that if practiced, it should be strictly regulated by law and exercised under juridical supervision.[105] The SPT and other treaty bodies have established that *prolonged* solitary confinement may amount to torture or inhuman treatment.

The use of solitary confinement as *punishment* cannot be justified for any reason and is generally found to be in breach of Convention by CAT.[106] However, not a single UN report addresses the use of solitary confinement vis-à-vis pregnant women, women with infants and breastfeeding mothers as called for by the Bangkok Rules. The use of **instruments of restraint**, meanwhile – such as handcuffs, chains,[107] handcuffs, and strait-jackets – as punishment is rarely addressed by the UN treaty bodies, and focus has been centred on keeping the use of such restraint under review.[108] This is given barely any attention by treaty bodies with regard to female prisoners,[109] which may either suggest that instruments of restraint are rarely used on women in detention or that this issue is not an area of particular attention.

FINDINGS FROM FIVE COUNTRIES

Separation of female and male inmates

In line with the international standards, DIGNITY found that women were well separated from male inmates in all facilities visited. However, in the Philippines, DIGNITY was informed of at least one remand jail in which women conduct open relationships with male inmates, indicating that this is still an

[101] UN Doc. CRC/C/DNK/CO/4, Concluding Observations on Denmark (2011); UN Doc CRC/C/ARM/CO/3-4, Concluding Observations on Armenia (2013); UN Doc. CAT/C/DNK/CO/5, Concluding Observations on Denmark (2007).
[102] UN Doc. CAT/OP/PRY, Report on Paraguay (2010); UN DOC CCPR/CO/78, Concluding observations on Portugal (2003).
[103] Solitary confinement is understood as the measure by which prisoners are physically isolated from other individuals and confined to their cells 22-24 hours a day.
[104] UN Doc. CAT/C/MAC/CO/4, Concluding Observations on Macao (2009), para 8; UN Doc. A/66/269, Interim report of the Special Rapporteur on Torture (2011), para 31.
[105] UN Doc. CAT/C/MAC/CO/4, Concluding Observations on Macao (2009), para 8.
[106] Interim report of the Special Rapporteur on Torture, UN Doc. A/66/269, 5 August 2011 para 72.
[107] UN Doc. CCPR/C/KOR/CO/3, Concluding Observations on Korea (2006).
[108] UN Doc. A/56/44(SUPPL), Report from the Committee Against Torture (2001); and UN Doc. CAT/C/NLZ/CO/5, Concluding Observations on New Zealand (2009).
[109] Shackles were mentioned in UN Doc. CAT/OP/BEN/1, Report on the visit to Benin, (2011), para 241.

area that needs close attention. It is important to ensure that mixing of sexes only takes place as long as it is in the interest of the most vulnerable group, in this case the women. For example, in a few prisons we were told of voluntary and well-monitored crossover activities, such as Bingo games, which could lead to relationships by phone or letter. These were appreciated by the detainees interviewed. Yet in one Zambian prison where the only education classes available to women were in the male section of the prison with male inmates, some women — who may have had histories of violence — felt too intimidated to attend.

Supervision by female staff

While staff were mostly female, in line with international standards, different levels of attention are given to monitoring or accompanying male staff among women detainees. In the most stringent cases, men are not permitted inside the facility without being 'shadowed' by a female officer. In other cases, male officers in charge oversee women's wings and can visit freely, and male security guards posted on the outside of facility or in stationary posts still come into regular contact with female inmates. This was of particular concern in Guatemala, where there appear to be few protective measures in place regarding the male staff.

> ***"Back then, some of the jail guards would 'flirt' and make women their girlfriends. It becomes complicit, but of course they are victims. Those who were able to fight back were ones with well-off families." — Inmate, Philippines***

DIGNITY was also informed of sexual relationships taking place covertly between female inmates and male staff in at least two countries, and of sexual favours taking place. Inmates and NGO workers commented that women with limited livelihood opportunities — especially those with no outside support — were more likely to engage in these relationships, suggesting a form of 'survival sex'. "It's a secret subject," said one inmate in the Philippines. "The walls have ears."

In one facility DIGNITY was informed that male security staff pay inmates to do their laundry and prepare food and coffee, which may be a gateway to such abuses. In another facility, women spoke of the status gained by those with staff 'boyfriends', allowing them better sleeping spaces and food. One positive finding was that, in Zambia, the practice of having women visit the homes of officers or others for cleaning tasks has been mostly stopped in recent years, largely, we are informed, because of inmates' vulnerability.

Meanwhile, one of the gravest allegations, in Jordan, was the use of male staff to beat a female inmate, suggesting that its reportedly strict segregation policy can be violated [see Box on Torture and Cruel, Inhuman and Degrading Treatment (CIDT)].

However, in a couple of countries it was reported that female staff are perceived as harsher, and more prone to the casual disrespect of female inmates. As a result, some inmates preferred to be managed by a mixed staff. This was often the case in Zambia for example, where female staff were frequently described as callous and prone to degrading treatment and attitudes. Some inmates therefore looked forward to visits from more senior male officers, who were considered more sympathetic.

> ***"Some women are forced into that kind of situation because they feel desperate. It's a way out – holding on to something even thoughts it's dangerous. We have a phrase in the Philippines: it's like holding onto a knife, for your life." – NGO staff member, Philippines***

Good Practice: Safe transport to and from prison in Jordan

Jordan provides a good example of the immediate post-arrest period and police custody in the way that it strictly separates male and female detainees and staff, unlike the other four countries researched. Women must by law be transferred directly to and held in an all-women detention centre in Amman's Juweidah complex. This sometimes follows a brief period in police stations, where they tend to be briefly held in administrative offices for a few hours, with female, or male and female staff. Between interrogation sessions in investigative departments, women are usually transferred back and forth from Juweidah.

While implementation is difficult to verify in cases of arrest far from Amman, and a few discrepancies were indicated by monitors and NGO staff, it was generally reported that the law is largely adhered to. This has significantly reduced the risk of gender-based violence, including sexual assault, and humiliation, as documented below in our findings, In our study, just one incident of such violence was reported in police custody.

Search procedures

Search procedures vary widely. In Zambia, there has been recent controversy over degrading searching operation in women's sections, including the use of trainees and new recruits to perform strip and cavity searches, communally, during cell raids. Inmates also spoke of an incident a few years back in which the same glove was used for a cavity search among multiple women. The same was reported from Guatemala, where invasive cavity searches by female staff are reportedly arbitrary and frequent, and where male officers have reportedly been present, in breach of international standards.[110] Women spoke to us of the deep sense of degradation they would feel around the times of invasive searches.

> ***"They may start strip searching you inside the cell, when it's dark, but it soon gets light, and you must leave the cell naked to put on your clothes. You queue, strip, lie down on the floor, spread your legs and they ask you to insert a finger in your vagina. We find this very hard. Our self-esteem dives." — Inmate, Zambia***

Degrading search procedures during admission were commonly reported from Jordan, with former inmates still clearly distressed, years after the event. Women spoke of being stripped in the presence of more than three female staff, and being required to jump repeatedly amid taunts, shouting, rough treatment and occasionally, beatings, sometimes with the door to the room open. One woman remembers the humiliation of having her period, and being told to squat naked and to jump. Another reports: "I fainted. I was completely naked. And they woke me up with their shoes, their boots. They were pushing me with their boots to wake me up." Many spoke of being in an already acutely distressed state [see Admission and Classification]. NGO staff in Jordan stressed that many such women would be survivors of recent if not sustained forms of domestic violence.

However, more care and regulation was evident elsewhere. In the Philippines, clear and detailed guidelines have been issued on strip and visual cavity searches, and only low security pat-down measures tend to be employed on female inmates and their visitors.

[110] Rule 19 of the Bangkok Rules

Discipline and punishment

Reports from all countries indicate that systems of discipline and punishment have improved greatly in the past five years, both generally, and especially among women detainees. Beatings, humiliating tasks and manual labour have reportedly decreased, though still sometimes reported [see Box on Torture and CIDT].

In the Philippines and Albania the positive use of Disciplinary Boards — featuring senior staff, welfare and paralegal or security staff — makes the process of punishment transparent and better respected by inmates, and the rules much clearer; the presence of an inmate representative on each board in the Philippines gives inmates a sense of agency. In these countries, discipline appears more often attained by respect than fear or intimidation, and morale appears higher among women. Inmates in Albania's 325 Prison gave a strong impressing of successful 'dynamic security' in practice.[111] "The concept is that if women inmates are cared for, they are occupied, they have good contact with the outside community and can develop, then they will also be peaceful," explained the Director.

> ***"Even if we do something wrong or unfair, they can help us understand how it harms us. They advise us, remind us how long we need to be here, and how to live together. If I feel off, the officer might explain to other that I need space. That's why it runs smoothly here." – Inmate, Albania***

While control methods in both Jordan and Zambia do not often appear to breach international standards, DIGNITY found that they still have a strong and degrading impact on the female inmates, largely due to the high rates of depression among them, prior experiences of violence, and demeaning staff attitudes. This is particularly true of measures to isolate women further, also used in Guatemala, such as reducing already limited phone calls and visits — in breach of the Bangkok Rules[112] — separating cell mates who had formed friendships, or using solitary confinement techniques. In Zambia, staff were

[111] 'Dymanic security' consist of security measures in the form of human contact between the prison staff and the inmates. A good contact often ensures that conflicts are solved before they escalate, and that prison staff detect inmates' problems in or outside the prison, which could otherwise prompt the inmate to flee. Dynamic security is complementary to 'static security', which are the physical and technical parts of the prison's security regime, such as prison fences, surveillance cameras and the prison staff's instruments of power and restraint..

[112] Rule 23 of the Bangkok Rules.

found to still use harsh verbal abuse, and humiliating and arbitrary disciplinary practices like lifting stones or jumping like a frog.

The use of restraints was rarely raised as an issue. However, we were concerned to hear from senior officials in the Philippines about restraints used on some pregnant pre-trial detainees during hospital visits and labour in a few cases, in breach of international standards.[113] Other inmates spoke of being transferred to hospital and court with a sense of dignity, and without shackles.

Staff attitudes and stigma

> ***"The insults would ring in your brain." — Inmate, Zambia***

Staff attitudes have a strong impact on women's attitude to discipline and security procedures, and their sense of dehumanization. In Jordan and Zambia, research drew a picture of distant, authoritarian and often verbally abusive staff, operating under a strong sense of stigma and superiority. The Zambian inmates interviewed feel that discipline is arbitrary, and is more crushing as a result; most reported feeling too scared to make complaints.

There is a strong sense that to maintain order in these institutions, staff feel the need to clamp down on and reduce the spirits of inmates. This is particularly the case in Jordan, in which staff may themselves face abuse and threats from inmates. In Guatemala, NGO staff members believe that degrading search techniques are used for a similar purpose, to punish and maintain authority.

> ***"I've been whipped and slapped, years before, but the verbal abuse is more painful than anything. They say, 'you're criminals, that's why you live like animals'. They look at us like animals." — Inmate, Zambia***

There were signs that stigma was at times related to the gender of inmates, particularly in Jordan. Here, former inmates spoke of staff who would accuse them of being prostitutes, and would taunt women who had become pregnant outside of marriage. This was also observed by researchers, when inside the correctional institute. This goes against the clear need, as noted in our section on healthcare, for an emotionally supportive environment. As noted by one inmate in Albania, "we feel inferior anyway, so if staff treated us badly, we'd feel worse and worse. Maybe we'd have more fights and quarrels."

[113] For example, Rule 24 of the Bangkok Rules

> ***"They were going through my belongings, my face creams and expensive things from abroad and I was crying. And they asked, 'from which prostitute house did you come from?" — Inmate, Jordan***

Solitary confinement

The use of solitary confinement caused concern in all countries. While few facilities have the space to completely isolate a detainee, DIGNITY was told of harmful confinement practices for as long as six months. In Jordan, Guatemala and the Philippines this has also recently been used as a response to self-harm and attempted suicide. During confinement, various rights were breached — to sanitation, exercise, contact with the outside world among many others — and the agency of the prisoner is often completely removed. In the Philippines and Zambia the inmates must rely on the kindness of other inmates to cook or fetch food for them. In some cases women are denied calls or visits by family, or are on open and humiliating display in a public area. Given the greater chance of depression among women in confinement [see chapter on Healthcare], and the arguably greater need to therefore keep them engaged, socially active, and in contact with family and children, this is akin to inhuman or degrading treatment. DIGNITY found that in the entire study, just a few facilities complied with Bangkok Rule 23, ensuring that disciplinary sanctions for women prisoners do not prevent family contact, especially with children.

Communal confinement

In three countries, Jordan, Zambia and the Philippines, the use of communal confinement — groups of women confined together for long periods, sometimes as punishment, was also having a negative impact. "We call it 'Buryong or Boiling Pot," noted one NGO staff member in the Philippines. "Inmates become depressed, anxious and questioning about themselves. It creates agitation and disharmony, in a sense, undoing any rehabilitation." One inmate noted that the lack of exercise and movement is a particular problem for older inmates, whose joints begin to hurt. A former detainee in Jordan recalls: "This would just cause fights and stress among us all. I would really recommend that they don't do that." In Zambia, where conditions are dire inside cells, this has extremely negative impact on already depressed women.

> ***"The padlock on our cell is a nightmare. We can't wash our clothes properly, we're all in an emotional state. We didn't' feel so much like prisoners before, but now we do." — Inmate, Philippines***

Violence between inmates

Reports of aggression, between both inmates, and inmates and staff, were relatively rare, but were most common in Jordan and Guatemala. Although DIGNITY's access to the prison in Jordan was limited, ex-prisoners reported a tense atmosphere in which 'leader' inmates regularly threaten and sometimes abuse others, and in which staff receive and return physical and verbal abuse. In Guatemala similar threats may come from *maras*, or gang members. Inmates in Jordan reported a practice in which stuffing is removed from pillows and used to burn inmates' faces while they sleep.

DIGNITY heard that in these countries, and in Zambia, newer and younger remand inmates tend to be vulnerable to threats, intimidation and occasional beatings and sexual harassment from more assertive female inmates, and that prison officers do not always intervene. This has broad consequences for the wellbeing of more vulnerable women, who may have to share their food, take the worst and least hygienic sleeping spaces and take on chores for other inmates. Similar concerns were raised in Guatemala, where the hierarchy of inmates is strong, and little monitored by staff, going far beyond the legal limits of acceptable systems of self-government.[114]

[114] Rule 28 (2) of the SMR

TORTURE AND OTHER CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

In all countries, police custody was identified as the stage of most violence and degrading treatment, with greatest concerns raised in Zambia. Here, violence from police was strongly gendered. Testimonies included women being whipped, slapped, groped, kissed and coerced into sex acts, and being told falsely that complying with this treatment would help their case. Here, women who were accused of murdering their husbands most commonly reported severe beating during interviews, while in a number of countries DIGNITY was informed that sex workers are among the most vulnerable to sexual abuse. Inmates informed us that in some police stations, prostitutes are picked up simply for the night and used sexually by police staff.

"When you walk into the cell for the first time they'll say, if you do this for me, we'll release you. Some are facing 30 years, and they do it. They then find that the police were lying." – Prison staff member, Zambia

DIGNITY heard of just two incidents of violence by prison staff towards inmates, both in Jordan in 2010. The gravest case involved male officers being called into the female detention centre to beat a female detainee into submission. Another case involved an inmate who was reportedly beaten on arrival. "When I first went in, I was beaten," she recounted. "I told them you have no right to beat me, I'm on precautionary detention. They beat me harder just like a man beating a man."

As reported above, admission is a common stage of degrading treatment in at least three countries in this study, which suggests that this could be part of an orientation and control strategy, as remarked by one NGO staff member in Guatemala. Degrading search procedures in violation of international standards were reported from three countries.

"You are surrounded by men and powerless. There are no women to talk for you. They want to win as men. As they beat you they said things like, 'one man is entitled to 18 wives and you have taken a man out of this world – so you have deprived 18 women'. They think they are above women. They don't respect women's rights." – Inmate, Zambia

Other key forms of inhuman or degrading treatment reported, include verbal abuse; long periods of confinement without family contact or exercise; restriction of access to children and family contact; and denial of healthcare, for both women and their children. Conditions — particularly in pre-trial detention — also constituted inhuman or degrading treatment, including restricted access to food, sanitary facilities or provisions, and sanitary napkins.

However, in each country, it was remarked that levels of abuse and degrading treatment were lower than before and had decreased over the last four or five years. NGO staff, lawyers and some prisons staff attributed this to the increase in human rights related trainings, and greater collaboration with and support from NGOs.

CHAPTER IV: HEALTH CARE

> ***"Gradually our lives are deteriorating, and we aren't free to do anything about it. You think: 'there lies my future'. You see death coming slowly and there's nothing you can do." – Inmate, Zambia***

Health is a fundamental human right for all. However, in most countries, prisoners suffer from poorer health than the general population, in particular with regard to mental health diseases and infectious diseases but likely also with regard to non-infectious diseases and cancer, largely due to the living conditions in places of detention.[115]

Women have higher prevalence than men of most diseases, including most mental health diseases, HIV, hepatitis and cancer.[116] Rates of deliberate self-harm in the year preceding imprisonment are also higher in women,[117] and self-harm in prison is ten times higher among women than among men.[118] This is known to be associated with increased risk of later attempted suicide.

International standards have recognized that the different risk factors and backgrounds of women must be responded to with a gender-specific framework for healthcare in order to protect their fundamental human rights.[119] Meanwhile, binding obligations to actively combat gender inequality mean that prison officials must work to improve the level of health knowledge and care histories of women, due to gender barriers in their communities. As noted by the commentary to the Bangkok Rules, women often arrive at prison with greater primary health-care needs compared to men.

In our study, testimony from staff, NGO staff and detained women have indicated common concerns, problems, and barriers to care as well as more nuanced experiences, and promising practices. Much of this testimony fell in line with the observation of the Special Rapporteur on Violence Against

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[115] The higher prevalence of disease among prisoners is due to living conditions in the prison, including high risk of transmission of infectious diseases (overcrowding, sharing of needles), less access to effective health care, and intake of prisoners who already suffer health problems. See more in Fazel S. Baillargeon J. *The health of prisoners*. The Lancet 2011;377:956-65

[116] Ibid.

[117] Ibid.

[118] Hawton K, Linsell L et al. *Self-harm in prisons in England and Wales: an epidemiological study of prevalence, risk factors, clustering, and subsequent suicide*. The Lancet 2014;383:1147-54

[119] Handbook for Prison Managers and Policymakers on Women and Imprisonment, United Nations Office on Drugs and Crime, 2008, p. 10 and 51.

Women in her 2013 report on women in detention, on the greater vulnerability of women to psychological distress, substance abuse, personality disorders, histories of abuse and self-harm.[120] Yet DIGNITY has also found that among the few references to healthcare for detained women from each treaty body over the six years reviewed, these areas constitute major gaps.

It should be noted that the highest indication of depression and the lowest sense of morale were found by DIGNITY to exist in prisons where more authoritarian structures and negative relationships between staff and inmates were reported, and in which women felt stigmatized and isolated from caring relationships. Meanwhile, inmates' morale and sense of identity appeared much better in facilities that connected them with the outside community – from NGOs and spiritual organizations to family members and children — and gave them tools to cope, communicate and prepare for the future.

INTERNATIONAL STANDARDS

The basic principle on the right to health is found in article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), supplemented by article 12 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). *These rights are further expanded in a wide range of soft law standards in the SMR 22-26, addressing standards for prison health care, and the Bangkok Rules 6-18.*

The rights to health: The ICESCR establishes 'the right to the enjoyment of the highest attainable standard of physical and mental health'. [121] This applies to all persons without discrimination, including detainees, which means that the authorities are obligated to provide the same quality of healthcare to detainees and prisoners as to others in society. The SMR call for prisons to match the standards of medical care available to the general population, without discrimination.

Gender-specific healthcare: CEDAW reinforces the equal right to healthcare, by making it gender-specific; women are to be given appropriate services in connection with pregnancy, confinement and the post-natal period, including free services and nutrition during pregnancy and lactation.[122] It establishes,

[120] Report of the Special Rapporteur on Violence Against Women, *Pathways to, conditions and consequences of incarceration*, A/68/340, 21 August 2013

[121] International Covenant on Economic, Social and Cultural Rights, UN General Assembly resolution 2200A (XXI) of 16 December 1966.

[122] Article 12 of the CEDAW.

particularly via its General Recommendation 24 on health,[123] the positive obligation of States parties to "ensure, on a basis of equality between men and women, access to healthcare services, information and education." And it has also given the most comprehensive definition of the differing needs and the impact of discrimination in healthcare through a woman's lifespan.

The General Recommendation highlights differences between women and men in terms of biological, psychological and socio-economic health factors, and how such factors influence the health needs and thus health rights of women. It also mentions the way in which a lack of respect for the confidentiality of patients may deter more women than men from seeking advice and treatment, such as for genital tract diseases, incomplete abortions, or problems related to sexual or physical violence.

Bangkok Rules 10 and 11 apply these principles to the prison context, calling for "gender-specific health-care services at least equivalent to those available in the community" to be provided "in a manner that safeguards privacy, dignity and confidentiality." This is preceded by provisions that protect the confidentiality and right not to share medical information, as well as the opportunity but not obligation to undergo a thorough screening on admission, particularly for signs of abuse, substance abuse, mental and reproductive healthcare needs, and sexually transmitted diseases (STDs).

Bangkok Rules 17 and 18 call for women prisoners to be well informed about preventive health-care measures such as education and tests, including on HIV, STDs and other blood-borne diseases, as well as gender-specific health conditions. They also provide for access by women prisoners to preventive healthcare measures of particular relevance to women, such as pap smears and mammograms, on an equal basis with women of the same age in the community.

The Rules appropriately restrict the presence of non-medical staff during women's medical examinations where necessary, and non-medical male staff, entirely. However, they stipulate the presence of a woman physician or nurse only if a woman prisoner specifically requests this. This disregards the reality that many women may not be aware of this right, or confident enough to claim it.

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[123] CEDAW, General recommendation 24 on Women and Health, 5 February 1999, available at: http://www1.chr.up.ac.za/undp/global/docs/comment3.pdf

Mental healthcare: In this area the bar has been set by the WHO Consensus Statement on the Mental Health Promotion in Prisons.[124] In fulfilling this standard for women, the Bangkok Rules more comprehensively call for "individualized gender-sensitive, trauma-informed and comprehensive mental healthcare and rehabilitation programmes", and for prison staff to monitor and provide appropriate support for women "in particular distress".[125] Positive steps are therefore called for in all areas of the prison regime, ranging from women's ability to keep themselves and their children clean and healthy, to feel safe, to maintain social relationships inside and outside of the prison, and have access to recreational, vocational and other rehabilitating activities.

Suicide and self-harm prevention: The measures above are supported by Bangkok Rules 16 and 35, which require that places of detention develop and implement preventative strategies in consultation with mental health-care and social welfare services, and train staff to detect and respond to mental health risks among women. This is in recognition that, in many countries, women are at greater risk than men in detention of suicide and self-harm.[126] Yet, facilities and processes in prisons often make this worse, particularly if women are placed in isolation or otherwise harshly disciplined in response to self-harm, as identified in some of the country studies below.

HIV prevention, treatment, care and support: Standards in this area are set by a raft of Human Rights Council resolutions and political declarations, along with, specifically for women, the Beijing Platform for Action.[127] For example, Human Rights Council Resolution 16/28 on the protection of human rights in the context of HIV and AIDS stresses the need for the availability, accessibility and affordability of medicines and healthcare services for HIV-positive

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[124] This states that "prison should provide an opportunity for prisoners to be helped towards a sense of the opportunities available to them for personal development, without harming themselves or others. In order for this to happen, prisoners must: feel safe; be assisted towards insight into their own offending behaviour, and be treated with positive expectations and respect." WHO Regional Office for Europe Health in Prisons Project, Consensus Statement on Mental Health Promotion in Prisons, 1998, para. 3.

[125] Bangkok Rules 12- 13

[126] UNODC Drug Abuse Treatment Toolkit, Substance abuse treatment and care for women: Case studies and lessons learned, United Nations, New York, 2004, p. 159.

[127] Such as the 2001 UN General Assembly Declaration of Commitment on HIV/AIDS, the 2011 Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS; and Human Rights Council resolutions on the protection of human rights in the context of HIV and AIDS, among them Resolution 16/28. See more at: http://www.unwomen.org/en/what-we-do/hiv-and-aids/global-norms-and-standards#sthash.uAP6CCmv.pfd

pregnant women, and calls for establishing or expanding gender-sensitive national HIV/AIDS policies and programmes.[128]

The Bangkok Rules require that penal institutions, in developing their HIV/AIDS responses and services, also respond to the specific needs of women, [129] including prevention of mother-to-child transmission. "In this context," they note, "prison authorities shall encourage and support the development of initiatives on HIV prevention, treatment and care, such as peer-based education." With Rule 34 they also call for gender, rights, stigma and discrimination to be built into capacity-building programmes on HIV as part of the regular training curricula of prison staff. This responds to the fact that women are particularly vulnerable to HIV, along with other STIs and blood borne diseases, and that a higher population in prison tend to be infected.[130] This is partly, notes the Commentary, because the profile of women entering prison involves high risk histories, which include drug use, sexual abuse or violence, unsafe sexual practices, and/or sex work.[131]

Substance abuse treatment programmes: Research referenced in the Bangkok Rules Commentary has found that a large proportion of women enter prison with a drug dependency, and that in many countries women prisoners are much more likely to be addicted to drugs than male prisoners.[132] It notes that drug offences are one of the most common categories of crimes committed by women, and drugs are often central to their offending behaviour.[133] There are a variety of standards to promote and protect the rights of such women. SMR 59 requires States to treat prisoners' needs, to prepare each for a 'law-abiding

[128] UN Human Rights Council resolution 16/28, The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), UN Doc. A/HRC/RES/16/28, 13 April 2011

[129] Bangkok Rule 14

[130] Kyiv Declaration on Women's Health in Prison, p3.

[131] Bangkok Rules Commentary.

[132] Fazel S, Bains P, Doll H. Substance abuse and dependence in prisoners: a systematic review. Addiction 2006;101:181-91

[133] For example, it is estimated that at least 75% of women arriving in prison in England and Wales have some sort of drug-related problem at the time of arrest and another estimation states that 75% of women entering European prisons are problematic drug and alcohol users (see WHO/Europe, Health in Prisons, A WHO guide to the essentials in prison health (2007) and Women in Prison, A Review of the Conditions in Member States of the Council of Europe, Quaker Council for European Affairs, p. 12, citing "Healthcare Needs of Women in Prison": The Gap Between Policy and Implementation", MacDonald M. presentation at "What Works with Women Offenders", (2005).

and self-supporting' life on release.[134] According to the UNODC, this implies the need for a full range of specific women-focused programmes.[135]

The Bangkok Rules supplement this with more detail: the need for specialized treatment programmes that take "into account prior victimization, the special needs of pregnant women and women with children, as well as their diverse cultural backgrounds." The Commentary to Rule 15 provides more depth to this provision by highlighting the specific mental and emotional challenges facing such women, including prior violence and socio-cultural stigma, plus the problems that women may face in accessing both general treatment programmes, and those that respond to their needs.[136] As noted by the Rules Commentary — and expanded on by the UNODC — such programmes must identify and respond to the gendered impacts of substance abuse, cover different grounds, and benefit from different approaches, whether forms of psychosocial support or therapy self-help groups and workshops, or treatment for mental illness and abuse.[137]

UN TREATY BODY REVIEW

The right to health is raised regularly by the UN treaty bodies, which recommend that States undertake a wide range of policy, practical and financial measures, such as to ensure timely access to adequate health services,[138] to improve the provision of mental healthcare in prison,[139] improve the quality of medical and healthcare facilities available to prisoners,[140] to place more emphasis on preventive healthcare,[141] to ensure sufficient medical

[134] This is one of the purposes of imprisonment, according to the SMR 58.
[135] UNODC, Handbook for Prison Managers and Policymakers on Women and Imprisonment, 2008.
[136] For more on the different treatment approaches required by gender difference, see UNODC Drug Abuse Treatment Toolkit, Substance abuse treatment and care for women: Case studies and lessons learned, United Nations, New York, 2004, p. 23.
[137] Bangkok Rules Commentary, Rule 15; and UNODC, Handbook for Prison Managers and Policymakers on Women and Imprisonment, 2008, p. 46.
[138] UN Doc. CCPR/C/TUR/CO/1, Concluding observations on Turkey (2012), para. 18; and Concluding observation on Ukraine, UN Doc. CCPR/C/UKR/CO/6 (2006), para 11.
[139] UN Doc. CEDAW/C/GRB/CO/7, Concluding observations in the United Kingdom, para 55 (c);
[140] UN Doc. CAT/C/CUB/CO/2, Concluding observations on Cuba (2012), para 11 (b); and UN Doc. CCPR/C/CMR/CO/4, Concluding observations on Cameroon (2010).
[141] UN Doc. CAT/OP/BEN/1, Country visit report on Benin (2011).

professional in places of detention,[142] and to increase the budget for inmates' healthcare.[143]

While the focus on health is broad in scope, this review reveals a low regard for women's particular health needs and for gender as a concerning factor for women in prison. Reports that mention women focus largely on basic barriers to healthcare that are mostly related to pregnancy and childbirth.[144] Other areas provided for in the standards above – among them mental healthcare, preventative healthcare and treatment of substance abuse – are significant gaps.

Of the UN treaty bodies, the Subcommittee for the Prevention of Torture (SPT) most prominently identifies barriers for **gender-specific healthcare**, although not always with mention of gendered impact. In one report the SPT details the restricted access by female inmates to medical care, due to a lack of female staff,[145] and the difficulties in recruiting adequate female health professionals (psychiatrists, psychologists, gynaecologists and general practitioners) to care for the women. In another report, it emphasizes the 'additional hurdle' faced by women in a Benin prison who had to access the nurse through a male detainee in charge of social affairs.[146] The Sub-Committee recommends that the healthcare and other provisions for the care of babies and young children in prison be reviewed in Benin, on finding that women had not received post natal examinations.[147] Later, in 2012, it calls more comprehensively for the correction of substandard health facilities for pregnant inmates and mothers with babies in prison in line with the Bangkok Rules; for ongoing healthcare for children living with their mothers in prison; and for their development be monitored by specialists.[148] Interestingly, the SPT also cites individual provisions of the Bangkok Rules, indicating some deeper knowledge of the specialized international standards.[149]

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[142] UN Doc. CAT/C/PER/CO/5-6, Concluding observations on Peru (2013), para. 10 (c).
[143] UN Doc. CAT/C/BOL/CO/2, Concluding observations on Bolivia (2013), para. 18 (b); and UN Doc. CAT/OP/MEX/1, Country visit report on Mexico (2010).
[144] UN Doc. CCPR/C/MDA/CO/2, Concluding observations on Moldova (2009), para. 17, which recommends the State to provide appropriate health in prison to women who have had abortions.
[145] UN Doc. CAT/OP/MDV/1, Maldives (2009), para. 175.
[146] UN Doc. CAT/OP/BEN/1, Country visit report on Benin (2011), para. 213.
[147] Ibid.
[148] UN Doc. CAT/OP/BRA/1, Country visit report on Brazil (2012), para. 49.
[149] Ibid. The SPT cites the Bangkok Rules 48 and 51.

Our review of the UN jurisprudence reveals limited attention to the issue of **mental healthcare** in detention. CAT, for instance, only brought up the issue a handful of times in the period reviewed,[150] and raises the need for access to confidential medical and mental healthcare for female victims of sexual abuse in detention in just one report.[151] Similarly, in just one report,[152] CEDAW raises concern at the disproportionate rate of mental illness and self-harm amongst women prisoners, and responds with a call for measures that included educational, rehabilitative and resettlement programmes for women in prison, and enhanced health facilities and services, including mental health services.

HIV prevention, treatment, care and support in detention is given relatively modest attention, but without gender sensitivity or attention to women specifically. In the references given, CAT has called upon States to protect detainees from contracting HIV,[153] and to provide treatment to HIV infected detainees.[154] The Human Rights Committee recommends in one report to expedite its efforts to address the high rates of HIV/AIDS in prisons,[155] and the SPT has on two occasions recommended that States provide all prisoners with a free and voluntary HIV test.[156]

Of the four treaty bodies researched, only the Human Rights Committee addresses the issue of **substance abuse** in prisons, and just in one report, without reference to women specifically.[157] CEDAW pays attention to this issue in several cases, but not in the context of detention.[158]

FINDINGS FROM FIVE COUNTRIES

> ***"If you offended, certain things you must accept. But I don't deserve to pass through some of these things. I came to prison healthy. I'm not intending to leave sick." — Inmate, Zambia***

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[150] UN Doc. CAT/C/NOR/CO6-/7, Concluding observations on Norway; UN Doc. CAT/C/PHL/CO/2, Concluding observations on the Philippines; UN Doc. CAT/C/PER/CO/5-6, Concluding observations on Peru; and UN Doc. CAT/C/MNE/CO/1, Concluding observations on Montenegro.
[151] UN Doc. CAT/C/YEM/CO/2/Rev.1, Concluding observations on Yemen (2010).
[152] UN Doc. CEDAW/C/UK/CO/6/Add.1, Concluding observations on the UK (2008), para 267.
[153] UN Doc. CAT/C/KEN/CO/2, Concluding observations on Kenya (2013).
[154] UN Doc. CAT/C/EST/CO/4 Concluding observations on Estonia (2008) and UN Doc. CAT/C/ETH/CO/1, Concluding observations on Ethiopia (2011).
[155] UN Doc. CCPR/PRT/CO/4 Concluding observations on Portugal (2012).
[156] UN Doc. CAT/OP/PRY/1, Country visit report on Paraguay (2010); and UN Doc. CAT/OP/HND/1, Country visit report on Honduras (2010).
[157] UN Doc. CCPR/C/PRT/4, Concluding observations on Portugal (2012), para 11.
[158] UN Doc. CEDAW/C/MDA/CO/3, Concluding observations on Moldova (2006).

Among the many female inmates from poorer sections of society, the expectations of healthcare in the prisons visited by DIGNITY were uniformly low, particularly in countries that lack adequate public healthcare programmes. Yet, measured against international standards, our findings reveal this to be a primary shortfall, as often raised by prison staff themselves.

Gendered barriers to treatment

Medical care was found to be a challenge in both men and women's prisons in most of the countries visited, particularly in the forms of medication available, and available for free. The positive exception was Jordan, where inmates and NGO staff report community-level access to healthcare,[159] with treatment and medication funded by the Ministry of Health or the Public Security Directorate, also for non-nationals.

> ***"There are illnesses that you can't tell male doctors about. So some women just suffer them. They're too embarrassed." – Inmate, Jordan***

Yet gender barriers to available treatment were identified in all of the prisons in different degrees. This was most clear in the area of staffing. Women's prisons often share health staff with other facilities, and in some, only male doctors and psychologists are available. DIGNITY found that this creates delays in treatment among women, and acts as an instant barrier to the treatment of sensitive or embarrassing issues, especially in countries with strong gender roles. "Women keep sexually transmitted diseases and urinary tract infections to themselves," noted one health worker. "It's the Filipino culture." Another such barrier is the lack of confidentiality in reporting procedures. In Zambia inmates publically report health problems in morning meetings, while inmates in other prisons must pass messages through their cell leaders. In the larger Zambian prisons visited, clinics are outside of the women's wing, and require inmates to request an escort, which can be denied or delayed. This is a discriminatory barrier to healthcare, and it means that access is often controlled by medically unqualified prison officers.

[159] This is in its prison. It is unclear whether those in its detention centres — where they are often held for much longer than the lawful 24 hours — have the same systematic access to care, and reports from the National Commission on Human Rights on the level of deprivation generally in other areas, would indicate not.

Good Practice: Private visits to gynecologists in Albania

In Albania's Ali Demi women's prison, the female head doctor has recently arranged for female inmates to be taken to a private gynaecologist in a discreet manner, instead of a nearby maternity hospital. "I understood that women would feel bad going there" she explained. "They weren't shackled inside the premises, but it was still clear that they were with a prison escort, and they would feel ashamed. I wanted them to be in a more intimate place with an appointment and no waiting."

In Albania and Jordan, no issues were raised regarding hospital visits and transfers, while in Zambia, inmates noted positively that they would often be seen more quickly and wait for less time in public waiting rooms than other patients. This was experienced negatively in Guatemala, where women felt that they were rushed through medical processes and not given equal treatment; women there also spoke of finding the visits embarrassing, and feeling stigmatized. Security measures in most countries were often kept low, without restraints, which maintained some dignity — and in some cases, civil clothes were permitted. However there were also instances of delays in transfer, particularly in the Philippines and Guatemala, where a court order or formal authorization must often be waited for, and in Zambia, where ambulances were reportedly unavailable at critical times. This causes justified anxiety among pregnant inmates, among others, with risk of health complications.

It should be noted that welfare staff/social workers play a vital role in allowing women to discreetly report and receive help for gender-specific health problems, particularly those considered sensitive, and particularly among women who are less knowledgeable or vocal about their health needs.

Gender specific healthcare

"Then let me die, and my baby die too." — Inmate, Zambia

Gender specific healthcare and preventive education are minimal in all countries other than Albania and Guatemala, where female doctors show initiative with regular health seminars and trainings. A free pap smear programme had just promisingly begun in Zambia. However, in the Philippines,

some women diagnosed with cervical or breast cancer were unable to provide the necessary payment for their treatment, and they went without it.

Women in Zambia spoke poignantly of watching their health deteriorate. Few can afford prescription medication here, and outside help is limited. The health condition of children detained with them is distressing for inmates: they spoke of feeling out of control, and yet also guilty for placing their children at risk. In one case DIGNITY observed a young mother in tears, being harshly scolded by an officer because she had tried to insist that her child be seen in the clinic (which would have required an escort to a different section) rather than be provided with generic medicine. She responded: "Then let me die, and my baby die too." DIGNITY was informed, however, that Zambian prisons provide for regular external clinic visits for children aged four or under, in line with the rest of the country.

Different mental and physical treatment is required in response to the kinds of abuse that are more commonly found among women. In Jordan, DIGNITY spoke with women who had recovered in prison from both childbirth and brutal attacks in the name of honour, such as multiple gunshot and knife wounds, including to the head and causing the loss of limbs. Some inmates reported that the level of medical care — the strength of the painkillers provided, for example — was too low. In one five-year-old case, a woman who needed a prosthetic leg and crutches following a violent attack by family members, had the leg and crutches removed for security reasons, causing her acute hardship and humiliation.

Exercise

Few female inmates in this study did exercise while in detention, in contrast, DIGNITY was informed, to male inmates in all the countries visited. For those long-term detained with little chance for physical activity, this will impact their health and mood. In two countries there were no exercise spaces or facilities in the institutions visited, while in three others, space was sometimes available but under-used. This was due to disinterest, depression or the fact that exercise for the sake of it is not a familiar concept for the inmates. In nearly all the institutions visited, the prison programme was mostly sedentary, confined and overcrowded, with one exception [see chapter on Prison Regime]. This contrasts with the prioritizing, in many men's prisons, of gym and sports facilities. Only in the Philippines was exercise a daily feature of the jail and prison programmes, in accordance with the SMR — via an hour of dance or aerobics each day. This was developed to suit the lack of space, but also the preference of female inmates, and many participated with enthusiasm. This is

a good practice and highlights the need for education and motivation for women regarding the benefits of exercise.

HIV

In Albania, Jordan and the Philippines staff asserted that HIV rates are too low to respond to with comprehensive programmes, yet we were informed that this was not based on testing among female prison populations. In Guatemala, interviews suggested a proactive approach, resulting from the collaboration of the prison system with a broad range of organizations and departments working on the issue, notably the Ministry of Public Health and of Social Welfare. These systematically and commendably provide information, voluntary testing, treatment, counselling and medical care. The prisons in Zambia have expanded voluntary testing programmes in recent years, along with access to anti-retroviral drugs (ARVs) and some mother-to-child transmission prevention activities. However one research project had found testing programmes to be more likely among male inmates,[160] even though proportionally, almost twice as many women are believed to be infected,[161] and found the mother-to-child activities to be non-systematic, while inmates also reported problems with consistent ARV supplies. Another research report alleged that testing was not always voluntary.[162]

Female inmates told DIGNITY that fellow detainees can be too embarrassed and worried about being stigmatized to reveal their status; one long term remandee claimed that, as a result, women have both died and put their newborn children at risk of transmission. Another inmate highlighted that the poor diets reduce the effectiveness of her ARVs. This suggests that HIV-positive mothers who share their small food portions with children, as in Zambia, will be worse impacted. There were indications of misunderstanding among women about the nature and risk posed by HIV in at least two countries, but little evidence of programming on stigma, education and discrimination, as called for in the Bangkok Rules. The only exception was Guatemala, where staff in most positions in the prison visited by DIGNITY had been trained on the

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[160] Sikaona, Kennedy, 'Mapping project-HIV/AIDS in Zambia prisons', 2011

[161] In 2009 and 2010 2,244 prisoners in Zambia participated in a survey of HIV prevalence and risk behaviours. 27% prisoners tested positive on average. Among women, 47.3% tested positive. See Oscar O. Simooya et al., *Aggressive Awareness Campaigns May Not be Enough for HIV Prevention in Prisons-Studies in Zambia Suggest Time for Evidence Based Interventions*, in The Open Infectious Diseases Journal, 2014; Vol 8, 1-7 1, http://www.benthamscience.com/open/toidj/articles/V008/1TOIDJ.pdf

[162] One report indicates that this is not always the case. See Katherine W Todrys and Joseph J Amon, *Health and human rights of women imprisoned in Zambia,* BMC International Health and Human Rights, 2011, Vol 11: 8

issue, and inmates reported that solidarity with HIV-positive women in the prison was more common than prejudice.

Substance Abuse

Interviews in three countries, Guatemala, Albania and the Philippines, indicated a significant number of substance abusers among female inmates. However comprehensive gender-specific programmes — which for example, treat related issues of stigma, histories of abuse, violence and/or sex work in targeted ways — are not available in any of the institutions visited.

In the Philippines, for both remand and convicted prisoners, an initial two month 'drying out' confinement, in cell groups, is meant to identify and respond to problems of addiction, among other goals, on admission. During this time close to 20 women may be kept in a cell of 16sq m, for over 20 hours a day, with limited exercise, activities, and visits, while they are oriented by staff members and senior inmates. Some of these conditions were extremely challenging, and appeared to be having a negative impact on detainee's emotional states, among other aspects.

In the Philippines' Correctional Institute for Women (CIW), women with substance abuse problems are kept in a separate wing near the clinic, with closer medical attention and supervision, but although individual counselling is sometimes possible in facilities in other countries with available counsellors and psychologists, DIGNITY found that addiction is commonly responded to with stricter regimes and closer surveillance. It should be noted that remand prisons in each country need to be particularly well equipped for substance abusers, since many women spend their first, most difficult months or years here, prior to conviction.

> ***"We can offer them mainly advice. Tell them to bear with us, cope up, think of your children and loved ones, and when you're out we wish and hope you don't go back to old habits." — Health Officer, The Philippines***

However, it is notable too that in the Philippines, a Therapeutic Community Modality Programme (TCMP), which originated in the U.S for the rehabilitation of substance abusers, is a structure used for all inmates. This modality uses mandatory structured activity, social group work, leadership roles, trainings and privileges to manage and rehabilitate detainees [see Promising Practice Box].

SPECIAL GROUPS: PREGNANT WOMEN AND NEW MOTHERS

"As a pregnant woman it was so hard to accept that I was a prisoner. At that time I needed to eat certain things for my baby, but I couldn't. I didn't have the money – my family don't have enough, and my husband disappeared. I was really craving!" — Inmate, The Philippines

Pregnancy and child birth is already a stressful time for many women, but it is dangerously so for new arrivals in prison. While female inmates in all countries spoke of being transferred to a government hospital for a humane birthing process in the presence of at least one family member (with a few exceptions), pre- and post natal care and support was found to be a key area of need, and in some prisons and detention centres, completely absent.

DIGNITY spoke with women who were detained during the last stages of pregnancy. All suffered harmful levels of anxiety. In one case, an inmate in the Philippines chose to give birth in an ill-equipped jail clinic because she did not fully understand her options. Another woman, eight months pregnant, told DIGNITY that her medical records were not accessed and her doctor's information was never taken, although she gave birth while detained. As noted, shackles are still sometimes used on women during labour in the Philippines – an unacceptable practice that causes extreme discomfort and anxiety, and violates international standards.[163]

"I cried easily, all the time. I was very emotional. I had no visitors. My mother didn't even visit. I cried when they took her away and thought about how I couldn't take care of her. I felt lonely. But the other inmates were my mothers. They said I had to make sure I didn't relapse, or get sick. I got headaches each day for a long time" — Inmate, The Philippines

In other countries, although regular pre-natal check-ups were found to be arranged in government hospitals, implementation gaps were highlighted — particularly in detention centres for remand prisoners. Women in most prisons were frustrated by the lack of extra nutrition or vitamins provided for. Aftercare was generally negligible. One woman spoke of the difficulty of recovering after her first birth with just warm water and help and advice from fellow inmates. In Guatemala and Zambia women are not provided with either warm water, or soap, for free. Inmates spoke of not being able to get the

[163] Bangkok Rule 24 stipulates that instruments of restraint shall never be used on women during labour, during birth and immediate after birth.

traditional medicines, pain killers or antibiotics they would usually use to heal, unless facilities source such provisions from NGOs and service providers.

The exception to these findings, largely in line with international standards, were in Albania's 325 and the Philippines' CIW facilities, where clean, light and specially equipped mother's wards are better attended by clinic staff, and special pre- and postnatal care and treatment is provided, during which mothers can keep and care for their own children.

Emotional and psychological aftercare

"When they took the baby, this hurt the most. I'm dead if I go outside this prison, but I'm dead in here. It's just the same." — Inmate, Jordan

Emotional and psychological aftercare is a particular gap, in need of urgent attention. Women spoke of anxiety, depression and despair after giving birth while detained. They described feeling helpless and of guilty for bringing a child into a precarious situation, in which they could not provide care as mothers, and feeling fearful about what might happen to them. This was particularly acute among those abandoned by family and without financial support, which are both more common among detained women than men. DIGNITY found emotional care and support to be genuinely attempted in just two out of the 11 institutions visited – Albania's 325, and the Philippines' CIW.

"I was thinking, where would my baby go? Who would support it? My husband wouldn't answer the phone. My parents were still angry with me because I'd been hard-headed. But the social worker arranged for them to take it. She went out of her way for me." — Inmate, the Philippines

"I still remember the face of a young girl who had to part from a new baby that she wanted. But if your family are far away and can't afford to take the baby, what could you do?"— Inmate, the Philippines

Female prisoners' separation from their babies is of particular concern in Jordan. Although legitimate children are accepted in prison until the age of three, illegitimate children are removed from the mother's custody. Women then struggle to regain custody, to receive information about their children, or to be treated with empathy or care. DIGNITY both witnessed and was informed of the kinds of callous, stigma-laden comments that can be used by staff towards this vulnerable group. We are extremely concerned about the forms of discrimination being practiced in the aftercare of such detained women, and

in breaches of their rights to information and contact with their children [see Contact with the Outside World, and Healthcare].

While interviews indicated that separations are often done with some sensitivity, it was also clear that emotional support is needed long after a woman gives up her child, yet rarely available in a consistent manner. Inmates uniformly found the moment of separation very difficult to discuss, and this was often when they would cry for the first time during interviews. One woman, who delivered her child in a prison clinic, described the days following her child's birth, below, while crying and holding her stomach.

"I'm the kind of mother who would never want anyone else to carry my children. But I decided that the only way that I could do it was not to touch her. They tried to make me hold her, and I refused. So because there was only one bed, I slept on the floor next to it. I managed until the last day. Then, in the last few hours, the baby cried and I picked her up, and I tried to tell her everything I felt, and how I loved her. I don't regret it. But my strength now is from my children, and being able to be with them again. It is all for them."

Gender-specific mental health needs

The most common mental health issue indicated among women was depression. Staff and inmates spoke of detainees who show little interest in their environment, who avoid activities and forming relationships, and who cry constantly. We heard of women who neglect their hygiene, refuse to eat, or who 'comfort eat' if they have ready access to snack foods. Detainees spoke of depression driven by shame and stigma, of fear and worry for children, and of helplessness to care for them, of feelings of abandonment and loneliness, and of under-stimulation.

> ***"Being a woman is damaged. Your sense of female identity is damaged." – Inmate, Philippines***

Post-Traumatic Stress Disorder (PTSD) was also found to be a problem. In each country, health, welfare or NGO staff told DIGNITY that a large percentage of imprisoned women, certainly compared to men, have experienced gendered abuse, and its consequences. This is of striking concern in Jordan, for example, where NGO staff estimate that up to 90% of detained women have suffered domestic or family violence. Here, we spoke with women who had been administratively detained right after weeks or months spent in hospital recovering from violent attacks, often combined with giving birth.

> ***"I'd been stabbed four times. The [hospital] delivered and took my baby. My mother was too scared to admit me home so she had me committed to prison." — Inmate, Jordan***

Women spoke of a deep guilt, anxiety, and fear for children left outside of prison. For the many left by their husbands after their imprisonment, their children may either be with the husbands as part of new families, with relatives, or in orphanages temporarily. They spoke of intense anxiety about the education and health of their children, partly because they feel that their children will be stigmatized. One woman in Albania was frantic with worry because she believed that her children — cared for by her 15-year-old son — were not receiving state support and were stigmatized in their village. **"**I go crazy when I think of my children in such conditions, without support, without any aid from municipality," she said.

> ***"Women with children on the outside just cry and cry. I saw many mothers of illegitimate children depressed and some with psychological disorders. They would be taken to the psychiatrist and given tranquilizers." — Inmate, Jordan***

A number of women in Jordan and Albania are incarcerated with the knowledge that their children are in the custody of abusive husbands or the families of husbands who they may have killed (often due to abuse). Inmates and NGO staff in Zambia voiced their fears of sexual abuse at the hands of male relatives or step relatives. For such woman, as highlighted above and below, much-needed emotional support must be supplemented with programmes that connect them to their children, and their children's carers.

Gender-sensitive mental health programmes

> ***"Compared to men, women's pasts are more significant to their experience in prison. They may have lived with domestic violence. They may not have been employed in their life. It's important to respond to these." — Former Prison Director, Albania***

Our findings show that, with the exception of one prison visited, mental healthcare is an outstanding gap. Individualized, gender-sensitive, trauma-informed and comprehensive programmes, as required by Bangkok Rule 12, are largely absent. For example, in many of the prisons, health staff indicated that depression and PTSD are not prioritized as mental health concerns, and that aggressive psychosis — more common generally among male inmates —

receives greater (although not necessarily appropriate) attention and response.

> ***"One woman put it to me once, and I have always remembered it: In here we are dead... waiting to become alive again." — Inmate, Albania***

PROMISING PRACTICE:
Rehabilitation and leadership programme for inmates in the Philippines

The Therapeutic Community Modality Program (TCMP) has been piloted in a number of women's facilities in the Philippines, and is in its first year of evaluation by a working group. The model, adapted from a US-designed rehabilitation tool for substance abusers, uses structured activity, social group work, leadership roles, trainings and privileges to manage and 'rehabilitate' detainees (although many have not yet been convicted of a crime), and is overseen by the Inmate Welfare Development officer.

The programme aims to teach responsibility, good behaviour and communication skills within a framework of mandatory activity, referred to as a more 'community-like' environment. This starts with a morning meeting, and carries through — via duties and activities — until early evening. Both prison and NGO staff have credited the system with an overall improvement in health and morale among women, and combating depression. During interviews, detainees generally were more active, hopeful and engaged than inmates in other countries. "It helps because it's about looking into yourself, why you are here, and how you should be responsible for each other," said one inmate. Nevertheless, the program operates without strong guidance or input from trained counsellors, and is not a sufficient replacement for mental healthcare – and importantly, the TCMP training and manual are not yet designed for the different needs of men or women specifically. This offers a valuable opportunity for gender-responsive development.

Screening on entry was often minimal or neglected [see Admission and Classification], and while some prison provided daily access to a part-time mental health professional, most would receive visits less frequently, from a few times per week, to a few times per month. In these cases, DIGNITY researchers were often told that such staff would only have time to treat women with signs of severe emotional damage, and that the most common reported treatment was with medication. This is grossly inadequate, as indicated by interviews with inmates who had received no special treatment or attention, yet were survivors of near-lethal domestic violence, violence during sex work, and honour crimes.

> ***"I had a sister. She did something and [relatives] shot her dead. I'm indifferent now; dead outside, dead here." Inmate, Jordan***

Problems of understaffing were regularly reiterated. Some prison psychologists and staff, trained in counselling, told DIGNITY that they struggle to form connections with inmates due to the number that need treatment. Detainees in various countries spoke of wanting to meet with a counsellor or a psychologist, but not being able to. "It's very difficult to find someone to really hear you in prison," noted one woman. NGO staff in Jordan who work with victims of violence noted that much better communication and outreach was necessary among women in the prison on issues of trauma and violence, and this was echoed by inmates and staff in the Philippines. "They need the chance to vent safely in a therapeutic setting, to be educated about violence, and not be ashamed," said one healthcare officer, who had the difficult task of balancing custodial tasks with counselling.

Self-harm and suicide

> ***"[Inmates] would get to the point where they go up on chairs, reach up to the ceiling to the light bulb and break it to hurt themselves."* — Inmate, Jordan**

Self-harm, suicide and attempted suicide is underreported and difficult to assess. However, our research indicates that the responses to incidents by prison staff are of great concern, and in need of urgent attention and reform. Instances of self-harm were reported from each country other than Zambia — although here, some women and staff spoke of excessive self-neglect, born of depression, as a kind of self-harm to be considered. Hunger strikes, and suicide attempts were mentioned often only in Jordan.

In both Jordan and the Philippines, we were informed of cases in which such actions were responded to with derision and/or solitary confinement. "One girl used the edge of a seafood shell on her wrists," recounted one inmate, in the Philippines. "They scolded her. If you want to die, go ahead, do it now!" In Jordan, a former inmate recounted a series of increasingly desperate attempts to harm and kill herself a few years ago. She concluded: "Finally, so that I wouldn't do anything to myself they put me alone behind a fence with one police woman. I tried to hang myself with the prison clothing. Then the punishment is that they take away your visits, you can't buy anything from the super market, and no phones. Or they put you in the Cell, a very small room."

Such responses run contrary to the established emotional needs, rights, and mental health of suicidal or disturbed prisoners generally, but particularly the different emotional needs of women prisoners. However training officials in Jordan's prison service report that a new programme will soon train employees to evaluate and respond to mental health issues — which will include a companionship plan for inmates at risk of suicide— and that this may commendably be piloted in the women's prison. In Albania's Ali Demi prison meanwhile, the holistic approach taken by its psychologist and social welfare staff is well prepared for gender-specific responses to self-harm.

GOOD PRACTICE: An environment conducive to healing in Albania

Albania's Ali Demi (#325) prison stood out among the facilities visited by DIGNITY as a place that promotes the mental welfare, healing and rehabilitation of women, and it was regarded as such by prison and outside health professionals, as well as inmates. At the time of the visit the environment was open, personal and governed with a sense of care, with a structured series of tasks and activities to keep inmates busy during the week. Staff focused strongly on welfare tasks, connecting women with families or sources of support, opening healthy spaces for time with children and conjugal visits with husbands. Staff made special effort to give women care and personal attention, and various inmates spoke of this with appreciation. "The psycho-social staff are present in everyday life, and they treat us like friends," said one detainee. Another noted: "Everyone needs good treatment but women can be more fragile, and more expressive, and they need more attention. We feel inferior anyway, so if staff treated us badly, we'd feel worse and worse. Maybe we'd have more fights and quarrels." This approach was evidenced with few disciplinary issues, visibly comfortable relationships between staff and inmates, and low reported rates of depression and self-harm.

"In 325 there's more space for making it like home, despite women being deprived of their liberty. It is more multi-disciplinary with its care — there is a social worker, medical doctor, psychologist, and even the prison director is from the social sciences. It makes a difference." — NGO Health Professional

Meanwhile, a special care unit programme, designed by an NGO, is being piloted in the prison for women with severe mental illness. This involves separate accommodation, but more attention and care, and monitored participation in group activities and social life. One of the small prison dormitories has therefore been adapted to accommodate three mentally ill women; it looks similar, has its own garden, and is integrated into the main communal compound, but with a gate that can be locked. This balances the needs of the women, and the security of the other inmates.

CHAPTER V
INFORMATION AND COMPLAINTS

"When you report abuse in Zambia, as a woman you will be blamed more than the man. The rule in places like [prison] is which battles to pick, and who with." — NGO staff, Zambia

Of all the themes in this study, this area gave one of the most striking impressions of gender-based harm and disadvantage, since gendered barriers to information or complaint can block the full spectrum of rights. Although women face many vulnerabilities in prison, some differently to men, they may be less likely to complain, make requests or challenge authority compared to men, particularly if they have a history of domestic abuse or sexual violence, are from a minority group, or are keen to protect children accompanying them or if the channels of complaint and request are not within reach. Furthermore, gender-based violence is considered grossly under-reported in broader society because of gendered biases and barriers, and this study and other research have revealed this to be mirrored and in some places of detention.[164]

Our findings also show that information on complaints procedures, the prison regime and its rules may need to be delivered differently to be fully grasped by women, particularly in countries where they may receive lower levels of formal education, and are less likely to ask questions and pursue information for the reasons given above, or due to their acute anxiety during the initial period. There are also such areas, such as information on the welfare and custody of children on the outside, which disproportionately impact women.

This study has found that measures are required to encourage information flow between staff and inmates and that in particular, welfare officers in

[164]For example, in a study on Guatemala from Instituto de Estudios Comparados en Ciencias Penales de Guatemala entitled *CIfras de impunidad del crimen policial contra mujeres*or*Figures of impunity for police crime against women* (2005), research revealed that 99 percent of the 154 women prisoners at the St, Teresa pre-trial detention centre who participated in the study stated that they had been abused by agents or officers of the National Civil Police (NCP), of which 75 percent were sexual violations. However, only 43 percent of the women had reported the abuse, only one complaint was investigated by the Public Prosecutor's Office, and not a single complaint was found to constitute torture. None of the cases have since led to an administrative or judicial sanction of the authorities. The research is referenced in *Caraterización de la torture contra las mujeres privadas de libertad en Guatemala*, Lucía Morán, El Observador Judicial, 2005, page 5-6.

prison should be supported and trained to act as personal bridges between female inmates and service providers.

When assessing these needs against the protection afforded by international legal standards, DIGNITY has found that the latter need to be further developed in order to adequately protect women. The UN treaty bodies have meanwhile only given limited and rather superficial attention to this area in their concluding observations to States, with the main focus being on complaints mechanisms. The treaty body reports mirror international standards without giving further guidance, let alone gender-sensitive advice on how to promote and ensure their effective functioning.

INTERNATIONAL STANDARDS

International standards on the right to complain of torture and other ill-treatment are found in articles 12-13 of the UN Convention against Torture. This legally binding international protection is further boosted by soft law standards on information to and complaints by prisoners in Rules 35-36 and 55 of the SMR and Rules 25 and 31 of the Bangkok Rules.

Information: Upon admission to the place of detention, detainees should be given clear information about their rights, privileges and obligations, and the prison rules and regime, in a language that they understand, according to the Bangkok Rules and SMR. They should also be given information about how to make requests, and the avenues that are available to them for complaint.[165]

Yet notably, the focus on admission does not cover the need among women for gender-specific information processes in detention at other times. This alone can block the spectrum of rights. It is the duty of States to ensure that this access is clear and that gendered disadvantages are addressed, particularly given that many prisons and information systems are designed for men, in countries where women may seek and understand different kinds of information in different ways. This need is occasionally mentioned in the Bangkok Rule Commentary in the context of other rights, such as preventive healthcare, but the issue would benefit from greater attention, in the context of discrimination.

Complaint: The universal prohibition of torture and other inhuman or degrading treatment or punishment comes with a series of preventive State obligations. This includes the duty to ensure mechanisms of complaint, and a

[165] Rule 35 of the SMRs

prompt, impartial investigation by competent authorities, which is open and accessible to all detainees, along with protection from reprisal or further ill-treatment as a consequence of the complaint.[166] These obligations are supplemented by soft law standards that provide detainees with the opportunity to complain to the director of the place of detention.[167] For female inmates this protection is boosted by the Bangkok Rules, which state that women who report abuse shall be provided with immediate protection, legal aid, and other support and counselling. This extends to victims of sexual abuse, with particular attention to those who have become pregnant as a result.[168] Meanwhile CEDAW's General Recommendation 19 on violence against women elaborates on the need for effective complaints procedures and remedies — particularly for rural women, and the need for support services such as specially trained health workers, rehabilitation and counselling. [169]

Critically, the Bangkok Rules also build on SMR 55 for the regular inspection of conditions of detention and treatment of prisoners, by calling for women members to be included on monitoring boards in a bid to ensure that all available complaint procedures are fully accessible for women.[170]

UN TREATY BODY REVIEW

The UN treaty bodies tend to limit their treatment of this area to summary recommendations, mainly on complaints mechanisms. These mirror international standards without giving further guidance, let alone gender-sensitive advice on how to promote and ensure their effective functioning. Meanwhile, although the treaty bodies are increasingly addressing the need to combat impunity in the criminal justice process for crimes against women, this is largely for incidents outside places of detention.

None of the UN treaty bodies have given significant attention to the rights of prisoners to clear **information** about rights, privileges and obligations in a language they understand upon admission, generally or specifically for women. Focus is mainly limited to prison registers, and is not gender-aware.

The SPT, which has the richest practice on **complaints**, relatively speaking, often recommends States to set up effective, confidential and independent

[166] For more, see Article 13 and 16 (1) of the Convention against Torture.
[167] Rule 36 of the SMR.
[168] Rule 25 (1-2) of the Bangkok Rules.
[169] CEDAW's General Recommendation No. 19 on Violence Against Women (1992), para 24.
[170] Rule 25 (3) of the Bangkok Rules

complaints systems in prisons,[171] to adopt rules for processing and keeping records of complaints,[172] and to provide statistics on the outcome of complaints.[173] Despite its broad scope, SPT's treatment is gender blind and fails to address women's particular needs or barriers to lodging complaints.

The CAT and CEDAW Committees tend to respond to reports of violence against women with recommendations on stronger reporting and complaint procedures. For example for Yemen,[174] CAT gives detailed recommendations on the need for detainees to report sexual abuse; and in Belarus[175] it notes that the State party should establish an independent and effective mechanism to receive complaints of sexual violence as a form of torture, obtain medical evidence, and ensure the training of law enforcement personnel on receiving such complaints. There is no elaboration on how to make these gender-sensitive, although CEDAW does more often raise the need for such mechanisms to be 'accessible'. In a few cases, CEDAW has also highlighted that detained women face difficulties in lodging complaints against police, though without giving explanation.[176] Positively, there are also a few mentions by CAT,[177] and CEDAW,[178] of the need for better research, reporting and data on violence against women in detention.

FINDINGS FROM FIVE COUNTRIES

> ***"Women from certain groups, such as indigenous groups, can be much more submissive in the face of authority. 'Battered' women are used to protecting authority. They are used to deprivation, and they will rarely 'tell'" — Mental healthcare professional, the Philippines***

Dominant gender norms in many countries require that women be less assertive than men, and our interviews suggest these roles to be stronger

[171] UN Doc. CAT/OP/HND/1, Country visit report on Honduras (2010); and UN Doc. CAT/OP/MDV/1, Country visit report on the Maldives (2009).
[172] UN Doc. CAT/OP/HND/1, Country visit report on Honduras (2010); and UN Doc. CAT/OP/PRY/1, Country visit report on Paraguay (2010).
[173] UN Doc. CAT/OP/BEN/1, Country visit report on Benin (2011).
[174] UN Doc. CAT/C/YEM/CO/2/Rev.1, Concluding Observations on Yemen (2010).
[175] UN Doc. CAT/C/BLR/CO/4 Concluding Observations on Belarus (2011), para 11 (a).
[176] UN Doc. CAT/C/IDN/CO/2, Concluding Observations on Indonesia (2008).
[177] Issues raised are impunity for crimes against women, insufficient access to justice, difficulties denouncing cases of sexual violence, exoneration of rape offenders upon marriage with victim, overstay of sentences because of families refusal to receive the women back home, and imprisonment due to family's lack of blood money.
[178] UN Doc. CEDAW/C/PNG/CO/3, Concluding Observations on Papua New Guinea (2010).

among women from conservative, low income or minority backgrounds, among those with lower levels of education, and those who have experienced violent abuse – all common among women in prison. This results in female detainees less commonly speaking out or asking questions, and it intersects with other gendered barriers to complaint and information in prison. In Jordan, DIGNITY spoke with an administrative detainee who was not even told where she was going while en route to prison.

> ***"All I knew is that two policewomen came to take me. I asked why, and they said, we'll just go for a drive. I only realized when we arrived at the prison." — Inmate, Jordan***

DIGNITY observed that while NGOs offer legal aid, and religious groups give advice and support, prison administrations appear to fall short in this area. Staff are generally too few and too busy, or disinclined to help. In many facilities, inmates were expected to communicate with staff in public morning sessions or through senior inmates; in at least one congested facility inmates are not allowed to directly approach the few staff on duty, except through a cell leader. Meanwhile, in some prisons, important sources of information, such as human rights, information or welfare desks are placed in the male wing. For female inmates to use them would require particular knowledge and assertiveness.

Complaints

DIGNITY heard from inmates in three countries who wrote liberally to their Ombudsmen or senior prison officials, with varied responses reported per facility. Yet, in each country there were also women — more often poor and rural women or foreign detainees — who did not know about complaint avenues. No extra assistance was available for those with literacy or foreign language needs. In Zambia, prison complaint books are usually held in men's sections of the prison, requiring an escort for women, and removing any confidentiality that might protect them from reprisal. Women spoke of being too intimidated to make complaints in facilities in which discipline can be arbitrary and overly harsh. According to one NGO in the Philippines, some pre-trial inmates even believe that complaining while in detention can affect their cases, suggesting that a lack of legal literacy can disempower women on a day-to-day basis in the prison system.

DIGNITY also found that women are unlikely to complain about abuse in countries that are indifferent in law and practice to, or stigmatize victims of gender-based violence. For example no victims of staff violence in Zambia told

us that they tried to respond in any official way. We were also informed by staff in Zambia that such cases in prisons would be 'politically sensitive', and may not be dealt with.

Research by DIGNITY in Zambia and the Philippines indicated that less educated and ill-informed women are at more risk of sexual abuse in police custody. In the former, we were told of cases in which detainees were promised information on their cases, or promised freedom in return for sexual favours. Those who submitted or were tempted to submit to sex acts were extremely reluctant to speak about it, deeply ashamed, and indicated that they blamed themselves. One inmate spoke of being able to protect herself and a young cell mate from being taken out of their cell for 'night questioning' by abusive male police officers by asserting her legal rights. This again indicates the importance of rights awareness and legal literacy among women generally, for their safety and security.

> ***"You become confused and so scared, you just submit, because you think that maybe this is the end of the world for me." – Inmate, Zambia***

Legal information

Many remandees encountered in the Philippines, Zambia and Jordan were unsure about the progress of their cases, despite lawyers being allowed frequent access in some cases. Many spoke of feeling helpless in the face of court delays, and some indicated gendered barriers to justice.

> ***"Many women, particularly these women who don't read, they are terrified in court. They just want to go and get it over with and so they don't fight their sentence. Men in jail help each other, but women here know so much less. I think quite a few shouldn't be here at all." — Inmate, Zambia***

In the prisons visited, DIGNITY found that the greatest and most harmful information vacuums were found among foreign women in Zambia, among Jordan's detainees in 'protective' or 'precautionary custody', and among mothers in most countries. Because of language barriers, foreign women may struggle to make complaints, access information, form relationships or bargain for favours. DIGNITY encountered a number in Zambia who appeared to be suffering mental breakdowns, with inmates confirming that a few of the foreign migrants, referred to as 'prohibited immigrants' (PIs) spend much of

their time praying to the wall. “One PI is going crazy. She can’t speak a word, and there’s not much we can do for her,” said one Zambian inmate.

> ***“It makes me anxious not to know about my trial. Many other people get depression. They’re waiting here eight years, nine years. It’s a big source of depression.” — Inmate, the Philippines***

In Jordan, women can be administratively detained for years without charge or trial – often for their own protection from so-called honour crimes with opaque and arbitrary provisions for their release. These women spoke of or indicated a deep sense of despair and abandonment, and were sometimes driven to desperate measures. Among these were hunger strikes, self-harm, suicide attempts, and agreeing to marry men whom they did not wish to marry, including men who had raped them. As one inmate told us, “I told them I wanted to leave, and the girls said I should find someone who wants to marry me. I don’t know how. The judicial department connected me with an NGO. I told them, I don’t need to marry, I can work! But it’s hopeless.”

> ***“The hardest part was the question of leaving. I once saw a gap in the roof – a hole very far up. I thought hard about trying to climb out.” — Inmate, Jordan***

Information on the care and custody of children

DIGNITY identified a particularly harmful ‘black hole’ regarding information about the care and custody of children, with few who considered this to be a right that they can demand. Some women, without family support, give up their children to state care, while others may leave them with friends or distant relatives, and wait in detention for years with little knowledge of how they are. The best practice encountered, in Albania, allowed women to take escorted visits to orphanages a few times per year so that they themselves could monitor the conditions of their children’s care, as well as receive regular assisted visits from their children in care.

However, in the worst cases, found in Jordan, mothers of illegitimate children are considered by staff to have no right to information about them at all. In at least one case DIGNITY was told that a child had been removed from the detainee’s custody without permission or process. In another case, a former detainee was unable to find her child on release. The impact of this policy, practice and attitude — in breach of a raft of international standards — is

deeply harmful, and such women are high on the list of the most vulnerable women in detention.

DIGNITY is particularly concerned about the common lack of standard procedure and good practice for advising and informing women who give birth in prison. During interviews we encountered inmates who made their decisions on what to do with their child, with limited knowledge about their options. These were sometimes based on rumours, made under pressure, or made with limited chances to contact and discuss care options with friends and family, or seek further information. This shows the important connection between information, and sufficient contact with the outside world.

> ***"I was told that my baby couldn't stay with me here because of health reasons. Inmates told me the Department of Social Welfare might take custody, and then it would be difficult for me to get him back when I got out. So I asked [my friend] to take him, by cell phone. I got ten minutes. It was ok. Well, it was hard but we understand that it's a privilege to use the phone. She doesn't like to visit [here], but I'm grateful. Without her, maybe I'd lose him." — Inmate, the Philippines***

This may also lead to desperate measures. One former inmate remembered a brokering arrangement in which an officer had placed a detained woman's newborn baby unofficially in a home, at the mother's request, for a fee. This took place many years ago, and no reports of this were raised in our interview sample. However, this is clearly an area of great vulnerability for mothers and children when they are not given adequate information and support, and requires close attention, regulation and awareness-raising among female inmates. It should be noted that Bangkok Rule 2 (2) does not fully cover this area of information throughout the detention period, providing only for women on admission.

> ***"Because it was out of wedlock, they took him. I did not sign my son away, but they took him. This hurt the most. I'm dead if I go outside this prison, but I'm dead in here. It's just the same." — Inmate, Jordan***

Information sharing

DIGNITY's interviews with female inmates indicated that they often rely on each other for information about their rights, options and problems, rather than staff or other avenues. Yet, as reported from Zambia, women are often

disadvantaged compared to men in this area. There, male inmates hold regular 'cell lectures' among themselves, where those with particular information — among them the doctors, lawyers and academics — give each other professional advice. In women's wings, where inmates are fewer, the knowledge pool is much smaller and less diverse. This affects women's access to healthcare, legal aid, or communication with family and children, among other rights and leads to traumatic, ill-advised decisions. One woman in the Philippines, for example, chose to give birth inside a small ill-equipped jail clinic because of rumours that she would be shackled if she was transferred to the government hospital. She describes the experience as traumatic, yet it could have been easily avoided.

GOOD PRACTICES: Pathways to Information in the Philippines and Albania

In the **Philippines**' Correctional Institute for Women, a one stop 'inmate action centre' (Ka-agapay Centre) has been set up for inmates who wish to speak personally and privately to a staff representative. Bypassing the cell hierarchy, women can visit here to request audiences with the warden, lodge complaints, and ask for information or support on issues ranging from health to family. Their request will then be referred to relevant staff. The office is in the communal recreation area, and staffed by prison personnel from 8:30 to 4pm on week days. The Director also officially recognized the need among women for more personal and individualized attention in some areas. A 2013 memorandum from the Office of the Superintendent to CIW staff announced that they "will adapt new approaches to improve our services, particularly in the reformation programs of our institutions. As such, arrange schedules whenever appropriate where we can provide direct and personal services to our inmates, in health aspects, social services, documentation, other services like subpoena, inmates pass, and concerns in the inmates dormitories." This would mean that those inmates with particular problems are much more likely to consult staff and seek help and information.

On special occasions in **Albania**, social visits to the prison are organized for remandees in the detention facility. "It gives us an opportunity to meet each other and see the other environment, to see friends you made before in pre-trial, or for those in pre-trial, to meet some people in the prison," said one prisoner. "It made me less afraid of coming here."

CHAPTER VI
CONTACT WITH THE OUTSIDE WORLD

"I felt isolated from the entire world. If I'd stayed any longer I'd have started eating the window bars." – Inmate, Jordan

Visitors and outside contact are vital to the morale and rehabilitation of inmates generally, while also often helping to prepare them for release, and supplying extra food, medicine or other provisions that are important for dignity and well-being. This can be of particular value to women, largely due to their identities and responsibilities as primary care-givers and family members, and due to the special needs that are often not, but should be met in prison.[179]

Our findings show that there is a particular emotional and psychological need on the part of most mothers to stay closely involved with their children, which is experienced differently to that of men, and tremendously impacts their health and wellbeing in prison. This of course is also important for children, families and communities themselves. Meanwhile, since women are less often economically independent compared to men, they also rely more heavily on outside support to meet their basic needs, with a range of implications for their rights. Our research suggested, for example, that those women most vulnerable to abuse or exploitation in prison are often those who do not have outside support.

Yet, there are gendered barriers to outside contact that prison authorities are obliged to help overcome or compensate for. We found that the greater stigma surrounding women and criminality may result in fewer visits, and may prevent visits from their children. Women's relatives may need to travel a greater distance from their homes, and visiting and communications facilities may be worse in the makeshift detention wings used to house women — and certainly insufficient for children.

Although the issue of contact with the outside world is well recognized in international standards, and most of the UN treaty bodies researched also address this area in their concluding observations to States, none have taken a gender-sensitive approach, focusing particularly on women's needs and vulnerabilities in this area.

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[179] Bangkok Rules, Commentary to Rule 23; and UN doc. A/68/340, Report of the Special Rapporteur on violence against women, its causes and consequences,, para 52.

INTERNATIONAL STANDARDS

International legal standards on prisoners' contact with the outside world can be found in the International Convention for the Protection of All Persons Against Enforced Disappearance (UNCED),[180] the International Covenant on Civil and Political Rights (ICCPR),[181] and the International Covenant on Economic, Social and Cultural Rights (ICESCR).[182] These provisions are supplemented by the SMR,[183] the Body of Principles[184] and the Bangkok Rules.[185]

The importance of prisoners' connection to the world outside and family relationships more generally has been recognized in international law.[186] Under the ICESCR, the family shall be given the widest possible protection and assistance, particularly while it is responsible for the care of dependent children. Maintaining family ties during the imprisonment is recognized as an important, positive factor contributing to social reintegration upon release.

Imprisonment reasonably close to home: In order to allow prisons to maintain family relationships, they may ask to be imprisoned reasonably close to home.[187] This is reiterated for female inmates by Bangkok Rule 4, with the additional provisions that authorities take each woman's caretaking responsibilities into account when considering their location, along with the availability of appropriate programmes and services for them in the community. It is reinforced later in regard to indigenous women, noting that they should be allocated to institutions near groups who can advise on and fulfil specific cultural needs.[188]

Visits by family and legal counsel: Under UNCED and SMR, detainees and prisoners have the right to communicate with their family, and to receive visits by their family, counsel or other persons of their choice, subject only to the conditions set by law. Such visits should be regular, frequent and sufficiently

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[180] Article 17 (2)(d) of the International Convention for the Protection of All Persons Against Enforced Disappearance (UNCED).
[181] Article 17 and 23 of the International Covenant on Civil and Political Rights (ICCPR).
[182] Article 10(1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR).
[183] Rules 37-39 of the SMR.
[184] Principles 15 and 20 of the Body of Principles.
[185] Rules 26-28 of the Bangkok Rules.
[186] See Article 17(2)(d) of the International Covenant on the Protection of All Persons from Enforced Disappearance.
This was preceded by Article 10(1) of the ICESCR, on the importance of maintaining family relationships in general.
[187] Principle 20 of the Body of Principles.
[188] Bangkok Rule 54.

private,[189] and they may not be denied for more than a few days. The right to uphold family relations without arbitrary and unlawful interference is reinforced by the ICCPR.

The Bangkok Rules specify that prison staff are required to actively encourage and facilitate visits for female detainees, and highlight the need for a positive visiting environment and extended and open contact between mothers and children.[190] They acknowledge the need to "counterbalance disadvantages" faced by women far from their homes, such as making sure that they can also receive conjugal visits, if allowed generally.[191] The Commentary to Bangkok Rule 26 and 43 emphasizes the need for prison administrations to be flexible with visiting rules for women prisoners. This can, for example, include extension of the length of visits, especially if visitors have travelled long distances. The Bangkok Rules also crucially make provisions for the fact that a woman must be able to choose her visitors, to protect her from situations of family violence.[192]

Supplementing SMR 80 on social rehabilitation, the Bangkok Rules 23 and 43 reflect the importance of visits for women prisoners' mental well-being and social reintegration, stating that to prohibit family contact, especially with children, "has a very harmful impact on the mental wellbeing of women prisoners, as well as the children involved."[193]

Meanwhile, the Bangkok Rules[194] also require that when children are separated from their mothers and placed with family or relatives, or other alternative care, women prisoners shall be given the maximum possible opportunity and facilities to meet with their children.

Correspondence: Persons in detention also have the right to communicate with relatives and their counsel in writing or by phone. This right is particularly valuable to prisoners who receive few visits because they are incarcerated far away from home or are foreigners. Although this right maybe subjected to 'necessary supervision', this may not lead to the systematic monitoring of all incoming and outgoing correspondence.[195] Prisoners who are foreign

[189] Notes and Comments to Rule 37 of the SMR.
[190] Rule 28 of the Bangkok Rules
[191] Rules 26-27 of the Bangkok Rules
[192] Rule 44 of the Bangkok Rules.
[193] Commentary to Bangkok Rule 23
[194] Rule 52 of the Bangkok Rules.
[195] Such supervision is often used vis-à-vis detainees during the period of criminal investigation in cases of organised or similar crime, where several persons are suspected of being involved.

nationals, often with families resident in other countries, shall also be allowed facilities to communicate with diplomatic representatives.[196]

UN TREATY BODY REVIEW

Most of the UN treaty bodies address the issue of contact to the outside world, but none have taken an adequately gender-sensitive approach, or even focused on — as highlighted by the UN Special Rapporteur on Violence Against Women — the failure to protect the family unit.[197]

The right to be **imprisoned reasonably close to home** has been given limited attention by the treaty bodies, both generally, and on behalf of women in detention. For the latter, CEDAW noted with concern the location of prisons far from the families of women prisoners in one case, but without giving further detail;[198] in another case, CAT urged a State to 'pursue the regionalization of women's prisons so as to avoid the uprooting of women prisoners'.[199] Finally, in the third and last mention of this group, the SPT recommended that a State examine the individual case of each prisoner and whenever possible arrange for the transfer to a prison near the place where the family lives.[200]

While several treaty bodies have addressed the issue of **contact with and visits from family**, the references are gender blind. Overall, the SPT has addressed the issue most comprehensively in a general sense, recommending that States take steps to ensure that rules for visits are clear and posted in writing at the prison entrance,[201] that all persons deprived of their liberty have the right to receive visits,[202] that disciplinary measures do not include limiting contact with the outside world,[203] and that prisoners of a certain nationality are allowed to receive family visits as often as other female prisoners.[204] The Human Rights

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[196] Rule 38 of the SMR. This recognizes that prison authorities should be aware of the special difficulties that these prisoners are likely to have in maintaining contact with their families and should make every effort to minimise these problems, such as flexibility in the times when prisoners are permitted to make telephone calls.

[197] Report of the UN Special Rapporteur on Violence Against Women, *Pathways to, conditions and consequences of incarceration for women*, UN Doc. A/68/340, 21 August 2013.

[198] UN Doc. CEDAW/C/UK/CO/6, Concluding Observations on the UK (2008), para 266.

[199] UN Doc. CAT/C/CRI/CO/2, Concluding Observations on Costa Rica (2008), para. 18.

[200] UN Doc. CAT/OP/HDN/1, Country visit report on Honduras (2010).

[201] UN Doc. CAT/OP/MDV/1, Country visit report on the Maldives (2009); and UN Doc. CAT/OP/BEN/1, Country visit report on Benin (2011).

[202] UN Doc. CAT/OP/HDN/1, Country visit report on Honduras (2010).

[203] UN Doc. CAT/OP/MDV/1, Country visit report on the Maldives (2009).

[204] UN Doc. CAT/ISR/CO/4, Concluding Observations on Israel (2011), para 41 (1c).

Committee has twice expressed concern about unreasonable limits on family visits in some prisons,[205] and the ban on family visits to a certain category of prisoners, including children.[206] Meanwhile CAT has emphasized the right of persons in pre-trial detention to have prompt access to family members, as an important safeguard against torture.[207]

FINDINGS FROM FIVE COUNTRIES

> ***"Keep us in prisons near home so that we can have family support because when you don't, you are prone to abuse, or they don't really care about you inside." – Inmate, Zambia***

Distance from family

DIGNITY met with many women who struggle emotionally and financially because their families live far away. In three of the countries visited there are only one or two correctional facilities for convicted women from across the country, while in Guatemala, 80% of women are housed in a central pre-trial and prison facility. For one young convicted woman in the Philippines this means three days travel either way for her family, who is poor; she has received just one visit each year from her mother for the past seven years, and although there is a smaller correctional option eight hours from her home, her transfer request has not been accepted, in sad contrast to international standards.[208] However, officials in most of the countries spoke of plans to open other regional women's facilities, which our findings would encourage.

Abandonment and isolation

> ***"When women are in prison, it makes a big shame for her family. They may refuse to visit her, and cut all relations with her, particularly those women who have killed." — NGO staff member, Jordan***

In each facility, a large number of women interviewed were found to be struggling with gender-related abandonment. This appears most acute in Jordan, where social stigma and honour codes are strongest and most isolating, while women in the Philippines often raised the issue of

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[205] UN Doc. CCPR/C/IRN/CO/3, Concluding Observations on Iran (2011), para 19.
[206] UN Doc. CCPR/C/ISR/CO/3, Concluding Observations on Israel (2010) paras 23-24
[207] UN Doc. CAT/ISR/CO/4, Concluding Observation on Israel (2011), para. 15; and UN Doc. CAT/C/TKM/CO/1, Concluding Observation on Turkmenistan (2011), para 9 (a).
[208] Rule 4 of the Bangkok Rules

abandonment by husbands. “My husband left. Many husbands leave – we can’t provide what they want,” said one inmate. In Albania and Zambia this appeared mostly to impact women charged with murder or assault within the family, which is most often a response to long term domestic abuse, according to staff and NGO workers spoken with in these countries.

> ***“Society doesn’t expect women to be offenders. It is harder for the women themselves to accept, and harder to cope. They don’t want the outside world to see them. They don’t want society to know.” – Welfare Officer, Zambia***

A number, particularly those from rural and/or traditional communities, indicated that their sense of identity and value comes from their role in family, and in the home. Removed from that context, and from a care-giving role, they spoke of struggling with acute loneliness and self-worth, and feel little prepared for life on release. One inmate, a victim of a brutal honour crime, told DIGNITY that after years in administrative detention in Jordan, “I was lonely; I even wanted visits by my brothers – the ones who tried to kill me.”

Material support

Our interviews suggest that women who receive less outside support from family must struggle harder to find money or provisions inside the prison, sometimes to fill gaps in their most basic needs. This can be alleviated when individual welfare staff and directors actively form relationships with NGOs and religious groups, who donate provisions, but while this support is positive, it does not relieve the State of its international obligations to meet basic needs.

In just one country, Jordan, a social welfare allowance extends, commendably, to detained persons. Although small, the allowance helps to protect the dignity of the poorest inmates. In other prisons, the poorest more often carry out services for other inmates and staff (as described in the next section on prison regime, and work). While none spoke overtly about exploitation in relation to this work, DIGNITY believes that these arrangements, if not well monitored, can be a gateway to abuse. NGO workers noted that the most vulnerable women are those without financial support, and are most likely to form and stay in abusive relationships with staff or other inmates, for money. In both Zambia and Jordan, DIGNITY heard of ’protective’ lesbian relationships being formed, while in Zambia one woman explained that abandoned women have less authority in the prison system and receive less respect and attention from staff. This could be extremely detrimental to their health and wellbeing.

PROMISING PRACTICE: Supporting the role of social welfare officers

Social welfare staff were found to be a vital bridge between women and gender specific provisions and services. Along with emotional support and medical care, this 'bridge' was valuable in linking inmates and their children and other familiars, with the personal attention needed to overcome often complex circumstances. With this role they are able to greatly reduce the harm of imprisonment on inmates, their children and families.

In Albania's Ali Demi Prison, welfare staff prioritize and strengthen connections among women, their familiars and other guardians of inmates' children, such as foster families. Where there is tension or disconnect between inmate and their families, staff will try to mediate, for example. When an inmate has been cut off from her children, staff will visit or ask about their welfare on behalf of inmates. Women detainees are commendably allowed to periodically visit their children held in care homes to supplement the visits of the children to them. This allows mothers to monitor the living conditions of their children and feel a sense of agency in their care. This prison has a notably low rate of depression, self-harm or discord among inmates and staff, and staff attribute this as a major reason.

Similar outreach and mediation with families was found in Zambia among conscientious Offender Management (OM) officers, and in the Philippines' Correctional Institute for Women, where one full time social worker struggles to provide services for over 2,000 inmates. In Zambia's Mukobeko prison for women, OM officers sometimes coordinate visits from inmates children, if placed in nearby orphanages.

This fills an important need among women, counteracts some stigma or difficulty based on discrimination, and is a promising area for development. However, such work must be formalized, and better supported. In most cases, this service is vulnerable to changes of staff because it is not protected as a policy or guideline, while in most of the countries visited, social welfare officers struggle to find the time, resources and support that they need.

Visiting conditions

A wide range of visiting environments and hours were found across the countries. While those visited in the Philippines and Albania recognized the importance of long, frequent visits with family in low security environments, Jordan and at least one Zambian prison allowed as little as fifteen minutes each week, under monitored conditions, and without physical contact.

In Zambia's Lusaka Central Prison, DIGNITY was concerned to see that visits were not only short, but arbitrary and degrading. Visitors approach the perimeter of the prison compound – made of two wire fences separated by about a metre – and call through the wire, within earshot of staff and other inmates' activities. The experience is stressful, may be cut short at any time by the duty officer, and allows no chance for physical contact or intimacy. In Jordan, visits take place under high security conditions, separated by glass, even for administrative and 'precautionary' detainees who have not been charged with a crime.

> ***"If I wanted to see my daughter I would have to beg my relatives, and I couldn't hold her, I could only see her behind the glass. I did apply to see her, but it was useless." – Inmate, Jordan***

The best practice was seen in some of the Philippines' facilities, where, even among maximum security inmates, visitors enter the compound's communal courtyard areas and could, in most cases, mingle, eat and drink together for as many as six hours, five times per week. This allows for intimate, relaxed, and dignified visiting experiences. In one prison, an inmate noted that detainees can lie down on rattan mates and nap with their children. The morale in the prisons with more relaxed visiting regulations was noticeably higher. However, conjugal visits, which are allowed for male prisoners, are not permitted for women in the Philippines, which is discriminatory and in breach of Bangkok Rule 27. Staff indicated that they were worried about the inmates becoming pregnant. This is contrary to practice in Albania and Guatemala, where such visits were allowed, although not always equally to men.

GOOD PRACTICE: Visiting conditions in the Philippines

On average across the facilities visited, women can receive visitors for at least three hours on most week days, and for longer with children on Saturdays and Sundays, with visitors free to spend time quite freely inside the prison's communal areas. In two prisons in particular – Manila's Correctional Institute for Women and the Davao Women's Dormitory in Mindanao – conditions appear comfortable, informal and only loosely monitored, allowing women and their visitors close contact and privacy. The setting in Davao is particularly comfortable, with its garden landscape, terraced tables and benches, and plenty of space for children to play. This encourages and facilitates visits for women, in line with the Bangkok Rules.

Visits from children

> ***"If the warden is a mother, it makes a lot of difference inside prison." – Health professional and NGO staff, the Philippines***

This is an area in which moderate improvements can have a very positive impact on the wellbeing and rehabilitation of detained mothers and their families. Too often, based on health and safety concerns, young children are banned by regulation from visiting their mothers, and in most countries DIGNITY found that these policies vary per facility, and are inconsistent, or unclear. In Zambia for example, we were informed by a former Officer-in-Charge that children under the age of 13 are not allowed to visit at all by policy, but that exceptions are made in practice among those less than seven years old; this was entirely different to other Zambian prisons visited. In Jordan, extremely short five minute contact family visits are sometimes allowed in the office of the Director, but only with 'legitimate' children born within a marriage, by special application, and rarely more than four times per year; otherwise children must speak with their mothers through glass partitions. These provisions are grossly insufficient, and likely traumatic for both mother and child. It should be noted that sometimes families have to travel for much of the day and go through long security procedures for these extremely short visits.

"You see depression, certainly. The women are far from family, with no normal life. Seeing their families lifts their spirits in the same way that conjugal visits for men lifts theirs." — Welfare Officer, the Philippines

DIGNITY found a regrettable emphasis on security and discipline among many prison staff in this area, at the expense of empathy and wellbeing. One senior prison officer in the Philippines for example, told researchers that new arrivals — for whom visits are restricted during a two-month admission period — must learn to be resilient, and be apart from their children. This is in contrast to the prevalent understanding of women's mental health needs, and best practice.

"When my children bring me medals, that is my inspiration not to be depressed," – Inmate, sentenced to life imprisonment, the Philippines

However, women in these conditions also worried about the impact that such visits could have on their children, particularly the security procedures, of hygiene, and degrading conditions. Some of those interviewed by DIGNITY have instructed relatives not to bring their children at all.

GOOD PRACTICE: Home leave and conjugal visits in Guatemala and Albania

In line with the Bangkok Rules,[209] the main prisons for women in Albania and Guatemala allow both conjugal visits, and home leave towards the end of sentences. The former allow women to maintain intimacy in their relationships, which contributes greatly to their wellbeing, and family life. The latter helps inmates to acclimatize to the outside world and begin to prepare the life that will await them on release, from their relationships with family, to job opportunities, child care and housing. In Albania women in their final years of sentence accrue up to five days of leave, four times in a year, with good behaviour. Other outside visits can be permitted for events, emergencies and medical treatment. Yet prison administrations must take care to prevent discrimination in the implementation of these positive practices. The management of conjugal visits for women in Guatemala for example, was found to be different and more restricted, compared to men.

[209] Rules 27, 45 and 46

The better facilities visited for this study allow children to enter and spend time freely with their mothers in communal areas of the prisons, as seen in the Philippines, Albania, and in one Zambian prison. Special family days in a number of facilities allow children to take part in festivals or special occasions. Yet of the 11 visited, only a few facilities in Albania and the Philippines allow mothers regular contact visits with their babies. In others, a woman may give birth to a child while in prison or shortly before, and then not be able to see the child again until she is released. This runs contrary to international standards, and was an area of concern among a number of healthcare professionals interviewed, particularly regarding the need for new mothers and babies to bond.

> ***"The most difficult thing? Leaving my children. I have six. Most of us are mothers and some of us have been here a long time, and our husbands left us while we were here. I worry all the time and I can't think of anything else. I can't sleep." — Inmate, the Philippines***

Other forms of communication

A number of prisons have recently and commendably begun to allow inmates unrestricted or substantial phone access during the day, with minimal or no monitoring. However, some women are unable to afford the phone cards needed to call out. In Albania's pre-trial detention centre, staff will often help women by using their own money, but some inmates do fall through the cracks; DIGNITY met one young teenage mother who had no money, and had been unable to call or locate her family.[210] Only in Jordan's main prison were these phone costs consistently and equally covered by a small monthly social welfare allowance, however, here calls were limited to just three minutes, once per week for most inmates, which was considered inadequate by many interviewed.

DIGNITY was informed that foreign workers in Jordan are allowed an extra call to their embassies or consulates, yet in pre-trial detention this provision appeared to be inconsistent. In a number of facilities in the countries visited, DIGNITY found that calls are cut as a disciplinary measure, contrary to international standards.[211] Meanwhile, in Zambia inmates do not have official

[210] She was however, Roma, which meant that locating them was more of a challenge.

[211] In the Philippines' Correctional Institute for Women a memorandum had been issued forbidding prohibition of family contact as a disciplinary measure, noting that "women have a very strong need for regular contact with their families, especially if they have children outside

access to telephones, and are only able to send letters if they can afford the postage. These restrictions make a significant difference to how isolated the women feel from their families, and in both Zambia and Jordan, this sense among most women, was acute.

PROMISING PRACTICE: The use of Skype in the Philippines

Two prisons in the Philippines had commendably options for 'electronic visitation' by Skype. If used well this can fill this gap to a limited extent, although it should never be used as a substitute. DIGNITY was informed that these were used on request, although barriers to access included women not knowing about them, being intimidated by the option, and believing that their families would not be able to access Skype at their end.

prison," and that such action would be "an extreme form of punishment on women, while also punishing their families."

CHAPTER VII
WORK, EDUCATION AND RECREATION

"You get up, you sit on a bench, you eat rotten food. This is all you have, all you do. If I don't speak out about these things, I'll die." — Inmate, Zambia

Every inmate needs purpose and stimulation to stay healthy, and cope with the monotony and distress of prison life. Many prisons are accordingly strengthening their programmes for work and education, as required by their human rights commitments and rehabilitation goals. Yet these may not be equally accessible or suited to women, whether because of safety concerns, the capacity of the prison, or bias and gender blindness among staff. This leads to harmful and discriminatory consequences for female inmates. While DIGNITY's review of UN treaty body reports has revealed that detainees' access to work and education are rarely addressed and very rarely seen through a gender lens, our country research has identified it as a key need and gap in practice.

Women detainees are often provided with fewer, poorer and less varied programmes than male detainees.[212] This may have harmful implications for female prisoners' health and material needs in prison, as well as their rehabilitation and preparedness for release. In many cases female inmates are in even greater need of income or skills training because of the caretaking responsibilities, stigma, abandonment and financial difficulties that they commonly face as women.

[212] For example, there may not be the staffing or expertise to allow separate classes for a female minority or to transport women to and from mixed classes; or there may also be a prevailing belief that teaching women is less important, or that only specific (often low income) tasks such as tailoring are appropriate. Women may have lower access to the recreational spaces or facilities offered to men. For example, in the European Committee for the Prevention of Torture's 2010 and 2008 concerning Malta, the UK and Ireland the committee points out among other issues that women prisoners are still offered a limited selection of work activities compared to the male prisoners (paras 16, 29, 51). In its reports from 2009 concerning Austria (para 83) and Hungary (para 67) the CPT finds that female prisoners are offered less out-of-cell time. See also the report of the UN Special Rapporteur on Violence Against Women, *Pathways to, conditions and consequences of incarceration for women*, UN Doc. A/68/340, 21 August 2013, paras 67-68.

Our research has also found that certain groups of women, such as foreign migrants, pre-trial detainees, and mothers who have children with them in prison may be further barred from activities and opportunities. This study therefore emphasizes that in order to protect the rights of women in detention and prevent discrimination; prisons must design and deliver programmes — which include life skills of particular use to women, such as financial management or primary healthcare — that have women, and different groups of women, in mind.

INTERNATIONAL STANDARDS

International human rights standards on prisoners' access to work, education and recreation can be found in the International Covenant on Economic, Social and Cultural Rights (ICESCR),[213] the International Covenant on Civil and Political Rights (ICCPR),[214] and the Convention on the Elimination of Discrimination against Women (CEDAW).[215] This legally binding international protection is further boosted by soft law standards in Rules 71 to 78 of the SMR, and Bangkok Rules 37 and 42.

Work and vocational training: The ICESCR recognizes the right to work, which includes the right of everyone to the opportunity to gain his living by work. While this basic right may always not be realised to its fullest extent in a prison setting, its underlying principle is reiterated in the SMR, which state that all prisoners shall be required to work, subject to their physical and mental fitness.[216] The SMR place the responsibility on the prison authorities to ensure that 'sufficient work of a useful nature' is provided to keep the prisoners actively employed for a normal working day. Such work may, however, not amount to 'forced labour', unless 'imprisonment with hard labour' is imposed as a lawful sanction.[217]

[213] Articles 6, 11, 13 and 15 of the ICESCR.
[214] Article 8 of the ICCPR.
[215] Articles 10, 11 and 13 of the CEDAW.
[216] Rule 71 of the SMR.
[217] Article 8 (3) of the ICCPR.

UN Standards generally call for training in skills that will help detainees find work on release.[218] The SMR try to guard against sweat-shop style operations by placing prisoners' interests higher than institutional profit-making[219], stressing that work should not be used as a form of punishment.

International standards also prescribe that prison authorities must ensure that prisoners are equitably remunerated for their work.[220] They also afford for work that resembles "similar work outside institutions, so as to prepare prisoners for the conditions of normal occupational life". For women in some countries, this could set discriminatory barriers to many of the trades taught in prisons and considered 'male' occupations, such as carpentry and metal work. However, to be in line with CEDAW's Article 11, prisons would need to ensure that women have equal access and opportunities to all trades and areas of work that they are physically suited for.[221] The Bangkok Rules touch on this area, with Rule 42 calling for "a balanced and comprehensive programme of activities, which take account of gender appropriate needs", and they importantly require that programmes not exclude or traumatize inmates (which could pertain to those with a history of abuse or caring for children in detention). In the Commentary to the Bangkok Rules a comprehensive list of programme areas are outlined and recommended, that will "address the underlying causes that led to their offences and to assist in strengthening their confidence, self-assurance and parenting skills." These range from therapeutic programmes, to those that develop skills in business and administration, horticulture and hairdressing. It concludes that "programmes offered should also include others which are not traditionally considered as appropriate for women, due to gender stereotyping."

Education: The ICESCR recognises the right of everyone to education.[222] The Basic Principles and the SMR highlight the importance of education in helping inmates to 'fully develop 'the human personality,'[223] and lead law-abiding and

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[218] Notes and comments to SMR 72, and Basic Principle 6, and 8, the latter of which declares that "Conditions shall be created enabling prisoners to undertake meaningful remunerated employment which will facilitate their reintegration into the country's labour market and permit them to contribute to their own financial support and to
that of their families."

[219] Rule 72.2 of the SMR

[220] Rule 76 of the SMR.

[221] Articles 2 and 3 outline the positive obligation of States to take measures in all fields, in particular in the political, social, economic and cultural fields, to ensure the full and equal development and advancement of women, while Article 11 focuses on this right in the context of employment.

[222] Article 13 of the ICESCR.

[223] Basic Principle 6

self-supporting lives on release. The SMR further specify the obligation of prison authorities to prepare prisoners for integration back into society.[224] In response to the fact that many prisoners have inadequate education, the SMR go as far as to provide that education shall be compulsory for illiterate and young prisoners.[225]

Education is addressed in the Bangkok Rules only in terms of equal access for juvenile girls, and the rights of female inmates to health education, particularly on reproductive health, sexually transmitted diseases and family planning. This is further strengthened by CEDAW's article 10, which stipulates that States must "take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education," which can certainly be applied to prison contexts.

Recreation and culture: The ICESCR and the Basic Principles both recognize the right of everyone to take part in cultural life.[226] Furthermore, CEDAW's articles 10 and 13 oblige States to ensure that women and men can equally participate actively in sports and physical education; and in recreational activities, and all aspects of cultural life. While there are few standards set specifically on such issues for female detainees, the SMR specify the need for recreational and cultural activities to maintain inmates' mental and physical health,[227] and the Basic Principles state that "[a]ll prisoners shall have the right to take part in cultural activities and education aimed at the full development of the human personality."

The Bangkok Rules point to the need for a healthy environment and regular exercise opportunities, free of charge, for pregnant women, babies, children and breastfeeding mothers specifically,[228] and a "balanced and comprehensive programme of activities for different groups". They also address the need for prison authorities to make provision for the wide range of races and ethnic groups now present in many prisons, with the Commentary to the Bangkok Rules noting that prison authorities should consult indigenous and minority community groups who work with women to develop suitable programmes.

[224] Rule 58 of the SMR.
[225] Rule 77 of the SMR.
[226] Article 15 of the ICESCR and principle 6 in the Basic Principles.
[227] Rule 78 of the SMR.
[228] Bangkok Rules 42.

UN TREATY BODY REVIEW

The UN treaty bodies rarely address the issues of prisoners' work and education in their concluding observations to States, with just a few reports — by the SPT and CEDAW – reflecting a concern that educational programmes are not always equal for women and men, and calling upon States to adopt gender-sensitive measures.

The Human Rights Committee has addressed the issue of general prisoners' **right to work** once in a recent report on the Czech Republic. Here it expressed concern about prisoners' working conditions and wages that are far below the national minimum salary, and recommended that States ensure that prisoners are adequately supervised when working for private entities and equitably remunerated for their work.[229] The SPT has also raised this issue at least once, and notes, in its report on the Maldives, that a lack of activities can have serious consequences for the health and well-being of persons deprived of their liberty; it emphasizes the importance of work and education in preparing prisoners for life outside prison, and of 'meaningful activities' in ensuring safety of prisoners and staff, and preventing ill-treatment'.[230] There is no mention of female detainees.

The question of prisoners' **education** and training has not often been addressed the treaty bodies, but in the SPT's limited treatment of the issue, it has focused on the particular vulnerabilities of women, especially young female detainees.[231] In the examination of Benin — its most comprehensive assessment of prisoners' needs for education to date — the SPT learned that women prisoners appeared not to have equal access to training courses and workshops provided for some male prisoners, although some women expressed interest in these courses, and so recommended that Benin bridge this gap. It also noted that some prisoners were illiterate, and recommended that the authorities provide at least basic education to the young female and adult prisoners; it discovered that no education classes were available for female adolescents, and recommended that such classes be organised.

The SPT otherwise addresses the issue in relation to the Maldives, and Mexico. In the former it recommends that the authorities make more concerted efforts to ensure education for all prisoners,[232] noting that if too many are left in

[229] UN Doc. CCPR/C/CZE/CO/3, Concluding observations on the Czech Republic (2013), para. 18,
[230] UN Doc. CAT/OP/MDV/1, Country visit report on the Maldives (2009), para 223.
[231] UN Doc. CAT/OP/BEN/1, Country visit report on Benin (2011), paras. 270-79.
[232] Ibid.

enforced idleness for long periods, it increases the tensions and counteracts efforts to establish dynamic security through positive relations and activities.

CEDAW addresses the question of education of female prisoners just once, in relation to Germany, calling upon the State to ensure that girls in prison are provided with a full programme of educational activities, and importantly emphasizing the need to apply adequate gender and child-sensitive recovery and social integration measures.[233]

Just once, in its report on Honduras, the SPT has alluded to prisoners' need for **recreation**, however, without any further guidance on its scope or nature, let alone the particular needs of female prisoners.[234]

FINDINGS FROM FIVE COUNTRIES

> ***"Because there's little or no activity we end up worrying ourselves to death" — Inmate, Zambia***

The larger and better organized facilities in most countries show positive focus on keeping women inmates stimulated, although they rarely have facilities or programmes to equal those for men. In smaller resource-constrained prisons and jails, there may be just a handful of women who must be kept separately from male inmates, and this is a particular challenge in terms of providing meaningful activities. Women may be detained for months or years with nothing to do but clean, and walk around their compound. "They have literally nothing," said an NGO representative of women in Zambia's rural prisons.

Obstacles to equal activity

In some countries, prison staff explained that women serve shorter sentences than men on average, which makes it hard to run effective certification or learning programmes. It was acknowledged that this marginalizes those women who are jailed long term, or for life. Gender-based stereotyping and discrimination were also found to be a factor, particularly in relation to the kinds and quality of vocational training, and sports or exercise offered.

In some prisons, higher levels of depression, lower aspirations and a lower take up of courses and activities were given as a reason for offering women fewer programme activities. Yet this was found to be a contributing factor to depression (to which women prisoners are more visibly prone in a vicious

[233] UN Doc. CEDAW/C/GER/CO/6, Concluding observations on Germany (2009), para. 57-58.
[234] UN Doc. CAT/OP/HND/1, Country visit report on Honduras (2010).

circle, as per the quote at the beginning of this section). Other inmates were meanwhile sensitive to the stigma of taking such courses; they can feel patronized by the low grade facilities.

> ***"There are some courses, but what good can they do? The tailor teaches us how to sew, but we don't have samples where we can train. The hairdresser has only one comb and hairdryer. The painting teacher brings us a book with pictures and just says paint one of these. So I don't get involved." – Remand inmate, Albania***

Certain groups among women in prison were also often found to have less access to work, skills training and physical recreation. Among them were pregnant women, mothers with children living with them in detention, and women who did not speak the local language. This was of particular consideration in Jordan, which detains a high number of foreign migrant women. In Guatemala interviews suggest that the staff-supported hierarchy among inmates often results in senior and often more privileged inmates having greater access to the limited work and earning opportunities. This may increase poverty and deprivation among vulnerable groups, such as older women, who complained that they were often bullied out of work.

> ***"I am not interested in school. How can I go to school and try to improve my life whilst my children are suffering out there?" – Inmate, Zambia***

The need for income

Income is often particularly important to women detainees to make up for the economic inequalities created by discrimination and stereotypes. Among those interviewed, low wages were most often used to buy food, sanitary and cleaning materials, telephone cards, raw handicraft materials, and to send to children and their guardians or carers. In the Philippines, for example, women are often able to give their children pocket money for school when they visit. One officer explained that this helps the women feel as if they still have a caretaking role themselves, and that this is good for their morale.

Savings and credit also help women inmates ease the challenging situations that they face after prison, particularly for those who are responsible for children and rejected by husbands and families. Staff in a few countries described the anxiety that female inmates begin to display towards the end of their terms, as they start to wonder how they will support themselves, where

they will go, and whether they will be able to support children, or even retrieve their children from care givers and orphanages (or in the context of illegitimate children in Jordan, whether they will even be able to find them).

> ***"Most, when they're about to leave, they start to lose weight. They're worrying about how are they going to face society. For men, it's not so bad. But women think, how can I sustain my children? This fear of the unknown is hard." — Inmate, Zambia***

In Zambia an inmate spoke of helplessness and guilt when her husband remarried and sent two of her children to an orphanage. "You can't work to support your family here, in case your husband doesn't care," she explained. "My first born has stopped schooling now. If I was out he wouldn't have to. But I can't pay for it." Many staff spoke of the need for greater income generation and skills training for women as part of their rehabilitation and pre-release care, yet they didn't have the political and material support that they needed to implement this.

GOOD PRACTICE: A social security scheme for inmates in the Philippines

At the suggestion of its warden, the Quezon City jail for women reportedly became the first in the country to enlist willing inmates into the Social Security System, via the country's AlkanSSSya microsavings programme. The programme provides social protection for willing informal workers. Inmates can now choose to deposit 10 pesos per day or 300 per month into a coin bank, which is locked and situated in the jail's offices. This helps members to save and submit the needed P312 per month to participate in the scheme. Officials say that the programme, also run in the country's Correctional institute for Women, has been popular enough for it to be rolled out among other prisons and jails.

Opportunities for income

Official opportunities for income vary, between none in the Zambian prison system, where women were often in desperate need of basic provisions, to a consistent, low amount in Jordan's prisons. In one of the positive practices from Jordan, women can supplement the monthly welfare allowance of JD 10 (USD 14) with a salary of JD 19-29 (USD 27-40), often used on phone cards, cigarettes, food and sanitary provisions from the prison shop.

In other countries, income was mostly tied to the largely unregulated and voluntary making of handicrafts. In the Philippines, for example, women buy raw materials from the prison management and sell products to visitors and outside vendors, often helped by staff, friends and family (and with a cut taken by the prison).

DIGNITY was informed that since inmates reportedly are not allowed to source raw materials themselves, poorer women will work for inmates who can afford the materials from staff, for a low wage. It is unclear to what extent this is regulated or monitored to prevent exploitation, as required by international standards.[235]

In most of the facilities visited, poorer women earn money and privileges through tasks and chores for other inmates and/or staff. This was most formalized and acknowledged by staff in the Philippines, where it is dubbed the 'trustee' system. DIGNITY found that women tend to rely heavily on these opportunities and are reluctant to complain about them. Yet, as highlighted above, abuses of power among inmates and staff do create concern. However, inmates in the Philippines are also organized enough to pool earnings for certain tasks, which they use for communal purchases, such as new flooring, decided by vote.

The more positive chore regimes encountered by researchers were varied and rotating, encouraged leadership and responsibility, and carried an element of choice, as found in Albania's Ali Demi prison and the Philippines' TCM Programme [see TCMP Box in Healthcare]. Some prisons also offered a few waged positions for inmates, such as teachers, administrative aides or kitchen staff. However, the application and selection procedures for these were not clear, and such practice may run counter to the requirement that prisoners shall be equitably remunerated for their work.[236] Exclusions from earning activities were found to be a problem. In some facilities older women are barred from working, ostensibly to guard against stress and hypertension, while in others, a lack of child care impedes work for those who are pregnant or detained with their children.

[235] Rule 73.2 of the SMR.
[236] Rule 76.1 of the SMR.

Skills and livelihood training

> ***"Having a measure of control over their lives – being able to get ahead in various ways... The feeling of usefulness and industriousness for these women is so important." — NGO staff member, the Philippines***

Our research found that vocational opportunities for women are generally fewer and of poorer quality compared to those for men in the countries visited, with a few exceptions. Most larger long-term facilities made efforts to offer some programme of activities, although they were more often inconsistent, relied on a low number of staff and faced low motivation among women. Among them were sewing and tailoring courses by volunteer trainers on donated machines; handicrafts; and beauty trainings. In the better facilities these were formalized, with goals and certificates.

Staff in pre-trial facilities noted that remandees are often less easy to train, since few want to mentally commit to being in prison for a long time, and the turnover of convicted inmates and pre-trial detainees is often higher. Nevertheless, women can stay in remand or administrative detention for as long as three years (in Albania, Guatemala and Jordan) to eight or nine years (in Zambia and the Philippines). In Zambia and Guatemala, staff and NGO workers believe that more thought should be given to providing skills that will allow women to earn a better living, and manage their money well after prison, such as hospitality and trading skills, catering and, in the former, livestock rearing. DIGNITY was told that the most common option in Zambia, tailoring, is little used by the general population. Meanwhile, male inmates in Zambia and other countries often have the option of carpentry, metal work and agricultural training, which they can put to more concrete use on release.

The best practices were seen in the Philippines' Correctional Institute for Women (CIW) and Albania's Ali Demi Prison, both of which benefit from gender-sensitive management and have developed varied and comprehensive programmes. Many of these were a result of strong outreach among NGOs, and health, art therapy or education professionals. The Philippines' facility, for example, featured a programme of activities for over 2,000 women ranging from baking, massage and pedicure skills, to computer training – along with day courses on areas such as social graces, and sign language.

Education

Prison and NGO staff in most of the reviewed countries reported that literacy classes, or other forms of education were often less accessible to women inmates compared to men, particularly higher education. Many attribute this to a lack of funding, materials and teachers, and some report a lack of interest from the women themselves. In Zambia an inmate remarked that few of the inmates around her were interested in learning, because "many just want it to be for them like it was before." This highlights the importance of encouragement and accessibility, if education is to be equally included in the rehabilitation of women offenders. In the Philippines Correctional Institute for Women, which offers students formal education classes for a few hours each day (catering from basic to high school levels) inmates must choose this over livelihood trainings. Because the latter can produce income, one prison teacher explained that it can be difficult to enrol inmates into the latter. However, commendably, the administration tries to encourage this by offering students more 'good behaviour' time deducted from sentences.[237]

> ***"You feel more normal when you're sitting in the class, like you're not in prison. You tend to forget you're an inmate. I want to learn, to use the time so that I can study to be a nurse when I leave." – Inmate, Zambia***

Some efforts to promote education were notable, but challenged, such as in Quezon City jail in the Philippines, which recently constructed its first classroom, but faced staff shortages, and a programme to mix classes between male and female inmates in one Zambian prison. Materials and staff are often shortage. While some are able to recruit teachers via their education ministry, others rely on volunteers or educated inmates.

Recreation

Among the countries reviewed, active recreation and exercise is one of the largest and most obvious differences between conditions for male and female inmates. Five of the eleven facilities visited have the regime and/or facilities to fulfil the SMR on daily exercise in the open air – in the Philippines where daily dance or aerobics classes are held, and Guatemala – and few have the sports halls, courts or gyms that, according to NGO and prisons staff in each country,

[237] In one prison this amounted to around 25% of inmates, with 20 on the basic learning course, 8 in elementary and 27 in high school.

are common in men's prisons.[238] Women therefore have less access to exercise which, particularly over years, violates their right to health [see Healthcare section]. In many cases women simply have their own compounds to move around in, or access to a courtyard a few times per week. Sports games with staff were found to be occasionally arranged in some.

Other recreational options, such as games rooms or libraries, or activity programmes, also appear to be limited and ill equipped for women, although most prisons had a few televisions for use for a few hours per day. In a number of prisons, such as in Zambia and the Philippines, women relied heavily on study sessions and seminars by visiting religious organizations.

The most positive exceptions were provided by the Therapeutic Community Modality Programme structure [see Box in Healthcare] in the Philippines, which kept women busy with tasks and responsibilities,[239] and the programme of activities and interest clubs, also in the Philippines' Correctional Institute for Women. Here women can join a dance and cheerleading troupe, and a music band, among others. Due to the lack of facilities and staff, inmates' recreation often relied on the outreach of officers to outside support, whether art therapy and karaoke, or cooking classes. However in the majority of facilities visited, a sense of boredom and stagnation was prevalent.

[238] We were informed of a small gym in Jordan's Juweidah prison, but it was unclear, due to conflicting reports, whether it was in use.

[239] The TCMP system in one prison included a group under the following themes: maintenance, medical, senior citizens welfare, sports and recreation, livelihood, education, paralegal, religion, kitchen work, and housekeeping.

ANNEX I – BIBLIOGRAPHY

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